

MARIN COUNTY	SUMMARY OF SERVICES FOR CASH GRANT AGED				AID CODE 10		----- MONTHLY AVERAGE -----		
9,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	6,709	156,547	\$ 4,067,844.58	\$ 25.98	16.913	\$ 606.33	\$ 439.48		
@PHYSICIANS SERVICES	1,293	3,685	\$ 63,879.72	\$ 17.34	.398	\$ 49.40	\$ 6.90		
OUTPATIENT VISITS	59	85	3,470.38	40.83	.009	58.82	.37		
OFFICE VISITS	43	49	1,700.07	34.70	.005	39.54	.18		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	16	34	1,685.19	49.56	.004	105.32	.18		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	2	2	85.12	42.56	.000	42.56	.01		
INPATIENT VISITS	9	11	549.80	49.98	.001	61.09	.06		
HOSPITAL VISITS	3	3	191.10	63.70	.000	63.70	.02		
CRITICAL CARE	1	1	121.60	121.60	.000	121.60	.01		
SNF/ICF/TRANS IP CARE	6	7	237.10	33.87	.001	39.52	.03		
OPHTHALMOLOGICAL SERVICES	10	11	471.86	42.90	.001	47.19	.05		
EXAMINATIONS	10	11	471.86	42.90	.001	47.19	.05		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	1	1	271.41	271.41	.000	271.41	.03		
PRINCIPAL SURGEON	1	1	271.41	271.41	.000	271.41	.03		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	7	7	779.89	111.41	.001	111.41	.08		
PRINCIPAL SURGEON	7	7	779.89	111.41	.001	111.41	.08		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	4	18	79.58	4.42	.002	19.90	.01		
RADIOLOGY	21	31	560.15	18.07	.003	26.67	.06		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	1,224	3,521	57,696.65	16.39	.380	47.14	6.23		
@PHARMACY	5,629	100,094	\$ 1,769,976.63	\$ 17.68	10.814	\$ 314.44	\$ 191.22		
PRESCRIPTION DRUGS	5,543	20,242	1,719,925.47	84.97	2.187	310.29	185.82		
SNF/ICF	323	2,128	158,291.33	74.39	.230	490.07	17.10		
OUTPATIENTS	5,270	18,114	1,561,634.14	86.21	1.957	296.33	168.72		
MEDICAL SUPPLIES	503	79,852	50,051.16	.63	8.627	99.51	5.41		
@DENTIST	505	1,681	\$ 66,365.26	\$ 39.48	.182	\$ 131.42	\$ 7.17		
VISITS - DIAGNOSTIC	331	1,056	13,610.73	12.89	.114	41.12	1.47		
ORAL SURGERY	54	116	5,475.98	47.21	.013	101.41	.59		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	0	0	.00	.00	.000	.00	.00		
PERIODONTICS	26	27	2,647.36	98.05	.003	101.82	.29		
ENDODONTICS	16	17	3,312.13	194.83	.002	207.01	.36		
RESTORATIVE DENTISTRY	114	215	14,381.06	66.89	.023	126.15	1.55		
PROSTHETICS	9	9	200.00	22.22	.001	22.22	.02		
DENTURES, STAYPLATES	91	235	26,738.00	113.78	.025	293.82	2.89		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	11	6	.00	.00	.001	.00	.00		

MARIN COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----		-----	
9,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	76	207	\$	4,666.70	\$ 22.54	.022	\$ 61.40	\$	.50	
DIAGNOSTIC AND ANC. PROCED	23	25		904.94	36.20	.003	39.35		.10	
EYE APPLIANCES	53	174		3,117.02	17.91	.019	58.81		.34	
OTHER OPTOMETRIC SERVICES	13	8		644.74	80.59	.001	49.60		.07	
@CHIROPRACTOR	2	3	\$	32.70	\$ 10.90	.000	\$ 16.35	\$	.00	
VISITS	0	0		.00	.00	.000	.00		.00	
OTHER SERVICES	2	3		32.70	10.90	.000	16.35		.00	
@PODIATRIST	92	123	\$	904.00	\$ 7.35	.013	\$ 9.83	\$	.10	
MEDICINE/INJECTIONS	5	5		163.50	32.70	.001	32.70		.02	
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00	
OTHER	87	118		740.50	6.28	.013	8.51		.08	
@HOME HEALTH AGENCY	7	55	\$	3,784.76	\$ 68.81	.006	\$ 540.68	\$	.41	
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$	.00	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$	.00	
FAMILY NURSE PRACTITIONER	4	12	\$	97.19	\$ 8.10	.001	\$ 24.30	\$	.01	
@TOTAL HOSPITAL	724	3,392	\$	544,407.10	\$ 160.50	.366	\$ 751.94	\$	58.82	
HOSP INPATIENT TOTAL	92	319		464,570.79	1456.33	.034	5049.68		50.19	
HSC HOSPITALS	48	283		372,395.58	1315.89	.031	7758.24		40.23	
NON-HSC HOSPITAL TOTAL	8	36		61,600.17	1711.12	.004	7700.02		6.66	
ACCOMMODATIONS	8	36		15,833.51	439.82	.004	1979.19		1.71	
ADMINISTRATIVE DAYS	1	4		751.17	187.79	.000	751.17		.08	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00	
ALL OTHER ACCOM	8	32		15,082.34	471.32	.003	1885.29		1.63	
ANCILLARIES	8	0		45,766.66	.00	.000	5720.83		4.94	
INPATIENT CROSSOVERS	39	0		30,575.04	.00	.000	783.98		3.30	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00	
HOSP OUTPATIENT TOTAL	651	3,073		79,836.31	25.98	.332	122.64		8.63	
MEDICAL	16	27		1,003.79	37.18	.003	62.74		.11	
SURGERY	3	3		74.35	24.78	.000	24.78		.01	
PATHOLOGY	15	46		741.78	16.13	.005	49.45		.08	
RADIOLOGY	16	25		1,678.42	67.14	.003	104.90		.18	
ROOM USE	26	47		1,575.78	33.53	.005	60.61		.17	
CROSSOVERS/ALL OTH OUTPTNT	614	2,925		74,762.19	25.56	.316	121.76		8.08	
@COUNTY HOSPITAL TOTAL	1	5	\$	201.98	\$ 40.40	.001	\$ 201.98	\$	.02	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00	
ANCILLARIES	0	0		.00	.00	.000	.00		.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00	
CO HOSP OUTPATIENT TOTAL	1	5		201.98	40.40	.001	201.98		.02	
MEDICAL	0	0		.00	.00	.000	.00		.00	
SURGERY	0	0		.00	.00	.000	.00		.00	
PATHOLOGY	0	0		.00	.00	.000	.00		.00	

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	5	201.98	40.40	.001	201.98	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,403

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

9,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	723	3,387	\$ 544,205.12	\$ 160.67	.366	\$ 752.70	\$ 58.79
COMM HOSP INPATIENT TOTAL	92	319	464,570.79	1456.33	.034	5049.68	50.19
HSC HOSPITALS	48	283	372,395.58	1315.89	.031	7758.24	40.23
NON-HSC HOSPITALS TOTAL	8	36	61,600.17	1711.12	.004	7700.02	6.66
ACCOMMODATIONS	8	36	15,833.51	439.82	.004	1979.19	1.71
ADMINISTRATIVE DAYS	1	4	751.17	187.79	.000	751.17	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	32	15,082.34	471.32	.003	1885.29	1.63
ANCILLARIES	8	0	45,766.66	.00	.000	5720.83	4.94
INPATIENT CROSSOVERS	39	0	30,575.04	.00	.000	783.98	3.30
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	650	3,068	79,634.33	25.96	.331	122.51	8.60
MEDICAL	16	27	1,003.79	37.18	.003	62.74	.11
SURGERY	3	3	74.35	24.78	.000	24.78	.01
PATHOLOGY	15	46	741.78	16.13	.005	49.45	.08
RADIOLOGY	16	25	1,678.42	67.14	.003	104.90	.18
ROOM USE	26	47	1,575.78	33.53	.005	60.61	.17
CROSSOVERS/ALL OTH OUTPTNT	613	2,920	74,560.21	25.53	.315	121.63	8.06
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	262	7,356	\$ 1,212,885.74	\$ 164.88	.795	\$ 4629.33	\$ 131.04
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	366	202,335.57	552.83	.040	16861.30	21.86
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	255	6,990	1,010,550.17	144.57	.755	3962.94	109.18
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	51	64	\$ 31,194.78	\$ 487.42	.007	\$ 611.66	\$ 3.37
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	51	64	31,194.78	487.42	.007	611.66	3.37
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	56	196	\$ 1,868.87	\$ 9.54	.021	\$ 33.37	\$.20
PATHOLOGY	20	99	713.34	7.21	.011	35.67	.08
XO AND OTHERS	36	97	1,155.53	11.91	.010	32.10	.12
@ORGANIZED OUTPATIENT CLINIC	651	831	\$ 35,794.28	\$ 43.07	.090	\$ 54.98	\$ 3.87
CLINIC	4	5	145.93	29.19	.001	36.48	.02
SURGICENTER	26	27	4,439.55	164.43	.003	170.75	.48
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	624	799	31,208.80	39.06	.086	50.01	3.37

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,404

9,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,086	38,848	\$ 331,986.85	\$ 8.55	4.197	\$ 305.70	\$ 35.87
DURABLE MED. EQUIP.	23	37	5,123.83	138.48	.004	222.78	.55
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	58	77	9,638.64	125.18	.008	166.18	1.04
MEDICAL TRANSPORTATION	32	276	2,348.14	8.51	.030	73.38	.25
AMBULANCES/AIR TRANS	14	149	1,692.36	11.36	.016	120.88	.18
OTHER TRANS	7	38	259.48	6.83	.004	37.07	.03
OTHER SERVICES	11	89	396.30	4.45	.010	36.03	.04
ACUPUNCTURE	33	130	2,265.36	17.43	.014	68.65	.24
ADULT DAY HEALTH CARE CTR	134	2,172	149,144.09	68.67	.235	1113.02	16.11
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	323	1,609	98,938.39	61.49	.174	306.31	10.69
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	166	612	8,038.86	13.14	.066	48.43	.87
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	12	19	173.46	9.13	.002	14.46	.02
PROSTHETIST/ORTHOTISTS	4	5	229.74	45.95	.001	57.44	.02
PROSTHETICS	4	5	229.74	45.95	.001	57.44	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	9	61.17	6.80	.001	61.17	.01
SPEECH AND AUDIOLOGY	13	22	3,467.96	157.63	.002	266.77	.37
HOSPICE SERVICES	10	243	34,124.17	140.43	.026	3412.42	3.69
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	461	33,637	18,433.04	.55	3.634	39.98	1.99
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,060	12,243	\$ 265,520.27	\$ 21.69	1.323	\$ 128.89	\$ 28.69

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,405

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

848 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	649	35,626	\$ 584,852.96	\$ 16.42	42.012	\$ 901.16	\$ 689.69
@PHYSICIANS SERVICES	123	353	\$ 7,069.34	\$ 20.03	.416	\$ 57.47	\$ 8.34
OUTPATIENT VISITS	32	39	1,533.03	39.31	.046	47.91	1.81
OFFICE VISITS	21	24	771.29	32.14	.028	36.73	.91
HOME VISITS	4	5	161.50	32.30	.006	40.38	.19
EMERGENCY ROOM	10	10	600.24	60.02	.012	60.02	.71
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	8	37	2,010.79	54.35	.044	251.35	2.37
HOSPITAL VISITS	4	27	1,699.03	62.93	.032	424.76	2.00
CRITICAL CARE	1	1	64.26	64.26	.001	64.26	.08

SNF/ICF/TRANS IP CARE	3	9		247.50	27.50	.011	82.50	.29
OPHTHALMOLOGICAL SERVICES	6	9		347.59	38.62	.011	57.93	.41
EXAMINATIONS	6	9		347.59	38.62	.011	57.93	.41
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		59.20	59.20	.001	59.20	.07
PRINCIPAL SURGEON	1	1		59.20	59.20	.001	59.20	.07
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	9		332.64	36.96	.011	83.16	.39
PRINCIPAL SURGEON	3	4		135.93	33.98	.005	45.31	.16
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	5		196.71	39.34	.006	98.36	.23
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	20		83.29	4.16	.024	27.76	.10
RADIOLOGY	7	12		115.06	9.59	.014	16.44	.14
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	5		27.25	5.45	.006	9.08	.03
OTHER SERVICES/ALL X-OVERS	76	221		2,560.49	11.59	.261	33.69	3.02
@PHARMACY	531	16,693	\$	202,946.57	\$ 12.16	19.685	\$ 382.20	\$ 239.32
PRESCRIPTION DRUGS	512	1,951		189,815.98	97.29	2.301	370.73	223.84
SNF/ICF	12	177		9,992.43	56.45	.209	832.70	11.78
OUTPATIENTS	500	1,774		179,823.55	101.37	2.092	359.65	212.06
MEDICAL SUPPLIES	109	14,742		13,130.59	.89	17.384	120.46	15.48
@DENTIST	37	135	\$	5,327.75	\$ 39.46	.159	\$ 143.99	\$ 6.28
VISITS - DIAGNOSTIC	24	92		1,282.75	13.94	.108	53.45	1.51
ORAL SURGERY	5	17		681.00	40.06	.020	136.20	.80
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	3	3		518.00	172.67	.004	172.67	.61
ENDODONTICS	2	2		475.00	237.50	.002	237.50	.56
RESTORATIVE DENTISTRY	10	17		1,191.00	70.06	.020	119.10	1.40
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	2	4	1,180.00	295.00	.005	590.00	1.39
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MARI COUNTY
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - BLIND
AID CODE 20
PAGE 6,406
03/14/05

848 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	16	\$ 577.24	\$ 36.08	.019	\$ 144.31	\$.68
DIAGNOSTIC AND ANC. PROCED	3	3	162.00	54.00	.004	54.00	.19
EYE APPLIANCES	3	13	415.24	31.94	.015	138.41	.49
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	7	7	\$ 36.31	\$ 5.19	.008	\$ 5.19	\$.04
MEDICINE/INJECTIONS	1	1	24.00	24.00	.001	24.00	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	6	12.31	2.05	.007	2.05	.01
@HOME HEALTH AGENCY	5	1,197	\$ 35,807.97	\$ 29.91	1.412	\$ 7161.59	\$ 42.23
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	73	257	\$ 28,203.12	\$ 109.74	.303	\$ 386.34	\$ 33.26
HOSP INPATIENT TOTAL	7	8	22,362.71	2795.34	.009	3194.67	26.37
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	8	18,054.71	2256.84	.009	9027.36	21.29
ACCOMMODATIONS	2	8	5,370.00	671.25	.009	2685.00	6.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	5,370.00	671.25	.009	2685.00	6.33
ANCILLARIES	2	0	12,684.71	.00	.000	6342.36	14.96
INPATIENT CROSSOVERS	5	0	4,308.00	.00	.000	861.60	5.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	68	249	5,840.41	23.46	.294	85.89	6.89
MEDICAL	12	14	653.17	46.66	.017	54.43	.77
SURGERY	2	2	50.20	25.10	.002	25.10	.06
PATHOLOGY	16	61	908.77	14.90	.072	56.80	1.07
RADIOLOGY	5	5	372.23	74.45	.006	74.45	.44
ROOM USE	18	23	957.98	41.65	.027	53.22	1.13
CROSSOVERS/ALL OTH OUTPTNT	45	144	2,898.06	20.13	.170	64.40	3.42
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,407
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

848 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	73	257	\$ 28,203.12	\$ 109.74	.303	\$ 386.34	\$ 33.26	
COMM HOSP INPATIENT TOTAL	7	8	22,362.71	2795.34	.009	3194.67	26.37	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	2	8	18,054.71	2256.84	.009	9027.36	21.29	
ACCOMMODATIONS	2	8	5,370.00	671.25	.009	2685.00	6.33	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	2	8	5,370.00	671.25	.009	2685.00	6.33	
ANCILLARIES	2	0	12,684.71	.00	.000	6342.36	14.96	
INPATIENT CROSSOVERS	5	0	4,308.00	.00	.000	861.60	5.08	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	68	249	5,840.41	23.46	.294	85.89	6.89	
MEDICAL	12	14	653.17	46.66	.017	54.43	.77	
SURGERY	2	2	50.20	25.10	.002	25.10	.06	
PATHOLOGY	16	61	908.77	14.90	.072	56.80	1.07	
RADIOLOGY	5	5	372.23	74.45	.006	74.45	.44	
ROOM USE	18	23	957.98	41.65	.027	53.22	1.13	
CROSSOVERS/ALL OTH OUTPTNT	45	144	2,898.06	20.13	.170	64.40	3.42	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	13	363	\$ 52,803.14	\$ 145.46	.428	\$ 4061.78	\$ 62.27	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	13	363	52,803.14	145.46	.428	4061.78	62.27	
@INTERMEDIATE CARE FACIL.-DD	12	364	\$ 61,951.96	\$ 170.20	.429	\$ 5162.66	\$ 73.06	
ICF DDH	12	364	61,951.96	170.20	.429	5162.66	73.06	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	10	14	\$ 7,342.64	\$ 524.47	.017	\$ 734.26	\$ 8.66	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	10	14	7,342.64	524.47	.017	734.26	8.66	
@REHABILITATION FACILITY	15	142	\$ 2,081.15	\$ 14.66	.167	\$ 138.74	\$ 2.45	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	15	142	2,081.15	14.66	.167	138.74	2.45	
@LABORATORY FACILITY	15	42	\$ 621.94	\$ 14.81	.050	\$ 41.46	\$.73	
PATHOLOGY	15	42	621.94	14.81	.050	41.46	.73	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	

@ORGANIZED OUTPATIENT CLINIC	32	47	\$	2,678.71	\$	56.99	.055	\$	83.71	\$	3.16
CLINIC	8	18		343.95		19.11	.021		42.99		.41
SURGICENTER	2	2		349.84		174.92	.002		174.92		.41
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	22	27		1,984.92		73.52	.032		90.22		2.34

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,408
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

848 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	185	15,996	\$ 177,405.12	\$ 11.09	18.863	\$ 958.95	\$ 209.20
DURABLE MED. EQUIP.	32	130	17,023.86	130.95	.153	532.00	20.08
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	15	2,802.84	186.86	.018	254.80	3.31
MEDICAL TRANSPORTATION	8	138	1,061.60	7.69	.163	132.70	1.25
AMBULANCES/AIR TRANS	4	101	761.80	7.54	.119	190.45	.90
OTHER TRANS	1	3	33.11	11.04	.004	33.11	.04
OTHER SERVICES	3	34	266.69	7.84	.040	88.90	.31
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	15	337	21,038.05	62.43	.397	1402.54	24.81
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	35	2,061	63,964.25	31.04	2.430	1827.55	75.43
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	22	1,410.83	64.13	.026	235.14	1.66
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	60.26	30.13	.002	60.26	.07
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	62.76	20.92	.004	62.76	.07
SPEECH AND AUDIOLOGY	24	98	3,624.84	36.99	.116	151.04	4.27
HOSPICE SERVICES	2	89	16,333.37	183.52	.105	8166.69	19.26
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	38	3,337	46,403.55	13.91	3.935	1221.15	54.72
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	48	9,764	3,618.91	.37	11.514	75.39	4.27
@CALIF. CHILDREN SERVICES*	44	408	\$ 59,773.45	\$ 146.50	.481	\$ 1358.49	\$ 70.49
@XOVER EXCLUDING STATE HOSP**	129	520	\$ 19,874.65	\$ 38.22	.613	\$ 154.07	\$ 23.44

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,409
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

32,784 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25,611	757,927	\$ 24,015,690.08	\$ 31.69	23.119	\$ 937.71	\$ 732.54
@PHYSICIANS SERVICES	6,757	20,064	\$ 808,171.06	\$ 40.28	.612	\$ 119.61	\$ 24.65
OUTPATIENT VISITS	3,150	4,583	194,623.90	42.47	.140	61.79	5.94
OFFICE VISITS	1,866	2,625	81,498.53	31.05	.080	43.68	2.49
HOME VISITS	61	67	2,529.80	37.76	.002	41.47	.08
EMERGENCY ROOM	1,342	1,722	106,178.37	61.66	.053	79.12	3.24

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	120.00	120.00	.000	120.00	.00
OTHER OUTPATIENT	130	168	4,297.20	25.58	.005	33.06	.13
INPATIENT VISITS	769	2,637	128,521.25	48.74	.080	167.13	3.92
HOSPITAL VISITS	549	2,096	94,658.08	45.16	.064	172.42	2.89
CRITICAL CARE	65	195	22,402.98	114.89	.006	344.66	.68
SNF/ICF/TRANS IP CARE	220	346	11,460.19	33.12	.011	52.09	.35
OPHTHALMOLOGICAL SERVICES	169	198	8,239.54	41.61	.006	48.75	.25
EXAMINATIONS	169	198	8,239.54	41.61	.006	48.75	.25
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	180	980	90,889.81	92.74	.030	504.94	2.77
PRINCIPAL SURGEON	132	219	72,206.52	329.71	.007	547.02	2.20
ASSISTANT SURGEON	16	16	2,442.94	152.68	.000	152.68	.07
ANESTHESIOLOGIST	60	745	16,240.35	21.80	.023	270.67	.50
OUTPATIENT SURGERY	497	1,342	82,468.59	61.45	.041	165.93	2.52
PRINCIPAL SURGEON	377	550	62,802.08	114.19	.017	166.58	1.92
ASSISTANT SURGEON	2	2	339.67	169.84	.000	169.84	.01
ANESTHESIOLOGIST	137	790	19,326.84	24.46	.024	141.07	.59
DIALYSIS	32	95	10,297.06	108.39	.003	321.78	.31
PATHOLOGY	269	1,009	8,348.03	8.27	.031	31.03	.25
RADIOLOGY	1,440	2,717	116,949.94	43.04	.083	81.22	3.57
PSYCHIATRY	2	2	65.96	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	73	413	27,339.18	66.20	.013	374.51	.83
OTHER SERVICES/ALL X-OVERS	2,724	6,088	140,427.80	23.07	.186	51.55	4.28
@PHARMACY	20,932	389,957	\$ 14,430,345.20	\$ 37.00	11.895	\$ 689.39	\$ 440.16
PRESCRIPTION DRUGS	20,633	92,088	11,269,729.84	122.38	2.809	546.20	343.76
SNF/ICF	1,293	9,051	1,135,773.22	125.49	.276	878.40	34.64
OUTPATIENTS	19,609	83,037	10,133,956.62	122.04	2.533	516.80	309.11
MEDICAL SUPPLIES	1,547	297,869	3,160,615.36	10.61	9.086	2043.06	96.41
@DENTIST	2,245	7,392	\$ 269,523.66	\$ 36.46	.225	\$ 120.06	\$ 8.22
VISITS - DIAGNOSTIC	1,576	4,730	71,691.48	15.16	.144	45.49	2.19
ORAL SURGERY	263	619	30,520.21	49.31	.019	116.05	.93
DRUGS	9	9	25.00	2.78	.000	2.78	.00
ANESTHESIA	6	7	775.00	110.71	.000	129.17	.02
PERIODONTICS	178	202	22,190.24	109.85	.006	124.66	.68
ENDODONTICS	96	136	23,963.50	176.20	.004	249.62	.73
RESTORATIVE DENTISTRY	621	1,277	69,684.15	54.57	.039	112.21	2.13
PROSTHETICS	28	29	822.50	28.36	.001	29.38	.03
DENTURES, STAYPLATES	156	340	49,745.33	146.31	.010	318.88	1.52
SPACE MAINTAINERS	1	2	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	39	39	71.25	1.83	.001	1.83	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,410
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	32,784 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	290	741	\$	18,803.85	\$ 25.38	.023	\$ 64.84	\$.57
DIAGNOSTIC AND ANC. PROCED	183	197		8,180.07	41.52	.006	44.70	.25
EYE APPLIANCES	172	527		9,742.32	18.49	.016	56.64	.30
OTHER OPTOMETRIC SERVICES	16	17		881.46	51.85	.001	55.09	.03
@CHIROPRACOR	17	44	\$	668.94	\$ 15.20	.001	\$ 39.35	\$.02
VISITS	13	39		597.74	15.33	.001	45.98	.02

OTHER SERVICES	4	5		71.20		14.24	.000	17.80		.00
@PODIATRIST	323	419	\$	8,569.15	\$	20.45	.013	\$ 26.53	\$	.26
MEDICINE/INJECTIONS	213	239		6,462.30		27.04	.007	30.34		.20
SURGERY/ANES.	9	10		230.14		23.01	.000	25.57		.01
RADIO./PATHOLOGY	4	5		86.50		17.30	.000	21.63		.00
OTHER	109	165		1,790.21		10.85	.005	16.42		.05
@HOME HEALTH AGENCY	124	821	\$	52,944.14	\$	64.49	.025	\$ 426.97	\$	1.61
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	2	2	\$	80.00	\$	40.00	.000	\$ 40.00	\$	.00
FAMILY NURSE PRACTITIONER	12	31	\$	409.38	\$	13.21	.001	\$ 34.12	\$	.01
@TOTAL HOSPITAL	4,559	23,774	\$	3,929,466.75	\$	165.28	.725	\$ 861.91	\$	119.86
HOSP INPATIENT TOTAL	491	1,971		3,076,297.08		1560.78	.060	6265.37		93.84
HSC HOSPITALS	309	1,670		2,585,924.10		1548.46	.051	8368.69		78.88
NON-HSC HOSPITAL TOTAL	76	301		335,607.28		1114.97	.009	4415.89		10.24
ACCOMMODATIONS	74	301		109,684.40		364.40	.009	1482.22		3.35
ADMINISTRATIVE DAYS	7	9		2,081.70		231.30	.000	297.39		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	68	292		107,602.70		368.50	.009	1582.39		3.28
ANCILLARIES	74	0		225,922.88		.00	.000	3053.01		6.89
INPATIENT CROSSEOVERS	135	0		154,765.70		.00	.000	1146.41		4.72
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	4,248	21,803		853,169.67		39.13	.665	200.84		26.02
MEDICAL	1,143	1,872		77,968.23		41.65	.057	68.21		2.38
SURGERY	316	450		20,367.82		45.26	.014	64.46		.62
PATHOLOGY	1,258	6,530		84,902.66		13.00	.199	67.49		2.59
RADIOLOGY	1,179	2,095		209,998.84		100.24	.064	178.12		6.41
ROOM USE	1,839	2,598		103,815.81		39.96	.079	56.45		3.17
CROSSEOVERS/ALL OTH OUTPTNT	2,111	8,258		356,116.31		43.12	.252	168.70		10.86
@COUNTY HOSPITAL TOTAL	99	455	\$	68,147.48	\$	149.77	.014	\$ 688.36	\$	2.08
CO HOSPITAL INPATIENT TOTAL	11	59		58,241.39		987.14	.002	5294.67		1.78
HSC HOSPITALS	10	50		54,606.50		1092.13	.002	5460.65		1.67

NON-HSC HOSPITALS TOTAL	3	9	3,634.89	403.88	.000	1211.63	.11
ACCOMMODATIONS	3	9	2,081.70	231.30	.000	693.90	.06
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	2,081.70	231.30	.000	693.90	.06
ANCILLARIES	2	0	1,553.19	.00	.000	776.60	.05
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	92	396	9,906.09	25.02	.012	107.67	.30
MEDICAL	41	49	1,543.05	31.49	.001	37.64	.05
SURGERY	8	10	325.18	32.52	.000	40.65	.01
PATHOLOGY	31	188	2,569.44	13.67	.006	82.89	.08
RADIOLOGY	19	39	2,136.34	54.78	.001	112.44	.07
ROOM USE	56	68	2,690.74	39.57	.002	48.05	.08
CROSSOVERS/ALL OTH OUTPTNT	24	42	641.34	15.27	.001	26.72	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,411
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
	AID CODE 60						

						----- MONTHLY AVERAGE -----			
32,784 ELIGIBLES		USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	4,483	23,319	\$	3,861,319.27	\$ 165.59	.711	\$ 861.32	\$ 117.78	
COMM HOSP INPATIENT TOTAL	482	1,912		3,018,055.69	1578.48	.058	6261.53	92.06	
HSC HOSPITALS	300	1,620		2,531,317.60	1562.54	.049	8437.73	77.21	
NON-HSC HOSPITALS TOTAL	73	292		331,972.39	1136.89	.009	4547.57	10.13	
ACCOMMODATIONS	71	292		107,602.70	368.50	.009	1515.53	3.28	
ADMINISTRATIVE DAYS	7	9		2,081.70	231.30	.000	297.39	.06	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	65	283		105,521.00	372.87	.009	1623.40	3.22	
ANCILLARIES	72	0		224,369.69	.00	.000	3116.25	6.84	
INPATIENT CROSSOVERS	135	0		154,765.70	.00	.000	1146.41	4.72	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	4,176	21,407		843,263.58	39.39	.653	201.93	25.72	
MEDICAL	1,104	1,823		76,425.18	41.92	.056	69.23	2.33	
SURGERY	308	440		20,042.64	45.55	.013	65.07	.61	
PATHOLOGY	1,231	6,342		82,333.22	12.98	.193	66.88	2.51	
RADIOLOGY	1,162	2,056		207,862.50	101.10	.063	178.88	6.34	
ROOM USE	1,792	2,530		101,125.07	39.97	.077	56.43	3.08	
CROSSOVERS/ALL OTH OUTPTNT	2,090	8,216		355,474.97	43.27	.251	170.08	10.84	
@STATE HOSPITAL	6	158	\$	110,643.13	\$ 700.27	.005	\$ 18440.52	\$ 3.37	
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	6	158		110,643.13	700.27	.005	18440.52	3.37	
@NURSING FACILITY	336	9,474	\$	1,376,955.70	\$ 145.34	.289	\$ 4098.08	\$ 42.00	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	54	1,697		232,561.36	137.04	.052	4306.69	7.09	
LEV B-SUBACUTE FREESTANDING	3	49		30,080.61	613.89	.001	10026.87	.92	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	279	7,728		1,114,313.73	144.19	.236	3993.96	33.99	
@INTERMEDIATE CARE FACIL.-DD	206	6,980	\$	1,175,547.71	\$ 168.42	.213	\$ 5706.54	\$ 35.86	
ICF DDH	206	6,980		1,173,938.63	168.19	.213	5698.73	35.81	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		1,609.08	.00	.000	.00	.05	
@HEMODIALYSIS TOTAL	132	2,930	\$	157,250.80	\$ 53.67	.089	\$ 1191.29	\$ 4.80	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	132	2,930		157,250.80	53.67	.089	1191.29	4.80	

@REHABILITATION FACILITY	74	1,015	\$	14,719.93	\$	14.50	.031	\$	198.92	\$	.45
HOSPITAL BASED	7	28		839.88		30.00	.001		119.98		.03
INDEPENDENT FACILITY	67	987		13,880.05		14.06	.030		207.16		.42
@LABORATORY FACILITY	2,255	14,808	\$	132,825.98	\$	8.97	.452	\$	58.90	\$	4.05
PATHOLOGY	2,175	14,611		126,890.34		8.68	.446		58.34		3.87
XO AND OTHERS	94	197		5,935.64		30.13	.006		63.15		.18
@ORGANIZED OUTPATIENT CLINIC	4,092	6,648	\$	582,683.17	\$	87.65	.203	\$	142.40	\$	17.77
CLINIC	524	1,357		34,385.75		25.34	.041		65.62		1.05
SURGICENTER	8	11		1,588.16		144.38	.000		198.52		.05
HEROIN DETOX CLINIC	16	199		2,312.72		11.62	.006		144.55		.07
RURAL HEALTH CLINIC	3,632	5,081		544,396.54		107.14	.155		149.89		16.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 6,412
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60										

----- MONTHLY AVERAGE -----											
32,784 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@ALL OTHER PROVIDERS	3,651	272,669	\$	946,081.53	\$	3.47	8.317	\$	259.13	\$	28.86
DURABLE MED. EQUIP.	339	1,655		159,088.76		96.13	.050		469.29		4.85
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	61	161		11,770.14		73.11	.005		192.95		.36
MEDICAL TRANSPORTATION	540	5,187		82,118.02		15.83	.158		152.07		2.50
AMBULANCES/AIR TRANS	486	4,891		75,960.65		15.53	.149		156.30		2.32
OTHER TRANS	26	238		860.74		3.62	.007		33.11		.03
OTHER SERVICES	43	58		5,296.63		91.32	.002		123.18		.16
ACUPUNCTURE	114	392		6,658.78		16.99	.012		58.41		.20
ADULT DAY HEALTH CARE CTR	135	1,532		106,015.85		69.20	.047		785.30		3.23
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	236	3,135		132,231.89		42.18	.096		560.30		4.03
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	439	1,605		19,407.63		12.09	.049		44.21		.59
PHYSICAL THERAPIST	3	15		223.20		14.88	.000		74.40		.01
PORTABLE X-RAY	34	78		1,622.08		20.80	.002		47.71		.05
PROSTHETIST/ORTHOTISTS	41	179		25,197.23		140.77	.005		614.57		.77
PROSTHETICS	41	179		25,197.23		140.77	.005		614.57		.77
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	11	21		468.14		22.29	.001		42.56		.01
SPEECH AND AUDIOLOGY	666	3,037		120,586.55		39.71	.093		181.06		3.68
HOSPICE SERVICES	16	428		58,645.04		137.02	.013		3665.32		1.79
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	387	12,842		136,602.91		10.64	.392		352.98		4.17
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	903	242,402		85,445.31		.35	7.394		94.62		2.61
@CALIF. CHILDREN SERVICES*	288	8,134	\$	3,272,374.74	\$	402.31	.248	\$	11362.41	\$	99.82
@XOVER EXCLUDING STATE HOSP**	3,094	29,172	\$	472,056.41	\$	16.18	.890	\$	152.57	\$	14.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 6,413
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

----- MONTHLY AVERAGE -----											
22,072 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				

@TOTAL, ALL PROVIDERS	10,636	45,398	\$	2,645,417.52	\$	58.27	2.057	\$	248.72	\$	119.85
@PHYSICIANS SERVICES	3,262	7,277	\$	290,200.14	\$	39.88	.330	\$	88.96	\$	13.15
OUTPATIENT VISITS	2,439	3,095		123,030.25		39.75	.140		50.44		5.57
OFFICE VISITS	1,274	1,616		50,618.91		31.32	.073		39.73		2.29
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1,212	1,400		68,210.61		48.72	.063		56.28		3.09
PREVENTIVE CARE	7	8		360.36		45.05	.000		51.48		.02
OB VISITS/COMPRE PERI	17	19		2,028.74		106.78	.001		119.34		.09
OTHER OUTPATIENT	47	52		1,811.63		34.84	.002		38.55		.08
INPATIENT VISITS	86	261		13,356.29		51.17	.012		155.31		.61
HOSPITAL VISITS	83	240		11,891.56		49.55	.011		143.27		.54
CRITICAL CARE	8	21		1,464.73		69.75	.001		183.09		.07
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	88	106		4,497.31		42.43	.005		51.11		.20
EXAMINATIONS	88	106		4,497.31		42.43	.005		51.11		.20
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	100	795		40,849.78		51.38	.036		408.50		1.85
PRINCIPAL SURGEON	59	76		29,231.63		384.63	.003		495.45		1.32
ASSISTANT SURGEON	5	5		952.63		190.53	.000		190.53		.04
ANESTHESIOLOGIST	46	714		10,665.52		14.94	.032		231.86		.48
OUTPATIENT SURGERY	328	687		54,815.22		79.79	.031		167.12		2.48
PRINCIPAL SURGEON	290	378		46,523.95		123.08	.017		160.43		2.11
ASSISTANT SURGEON	2	2		234.96		117.48	.000		117.48		.01
ANESTHESIOLOGIST	56	307		8,056.31		26.24	.014		143.86		.37
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	238	699		3,993.52		5.71	.032		16.78		.18
RADIOLOGY	705	981		34,423.88		35.09	.044		48.83		1.56
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	26	56		911.73		16.28	.003		35.07		.04
OTHER SERVICES/ALL X-OVERS	357	597		14,322.16		23.99	.027		40.12		.65
@PHARMACY	4,524	10,363	\$	649,883.06	\$	62.71	.470	\$	143.65	\$	29.44
PRESCRIPTION DRUGS	4,500	9,843		635,629.59		64.58	.446		141.25		28.80
SNF/ICF	6	18		11,032.56		612.92	.001		1838.76		.50
OUTPATIENTS	4,497	9,825		624,597.03		63.57	.445		138.89		28.30
MEDICAL SUPPLIES	136	520		14,253.47		27.41	.024		104.80		.65
@DENTIST	1,468	5,492	\$	154,214.10	\$	28.08	.249	\$	105.05	\$	6.99
VISITS - DIAGNOSTIC	1,132	3,949		65,318.25		16.54	.179		57.70		2.96
ORAL SURGERY	161	288		15,679.50		54.44	.013		97.39		.71
DRUGS	45	57		1,193.75		20.94	.003		26.53		.05
ANESTHESIA	6	6		400.00		66.67	.000		66.67		.02
PERIODONTICS	16	17		1,528.06		89.89	.001		95.50		.07
ENDODONTICS	84	116		13,846.50		119.37	.005		164.84		.63
RESTORATIVE DENTISTRY	417	931		47,141.54		50.64	.042		113.05		2.14
PROSTHETICS	5	5		190.00		38.00	.000		38.00		.01
DENTURES, STAYPLATES	13	40		3,939.00		98.48	.002		303.00		.18
SPACE MAINTAINERS	8	10		1,000.00		100.00	.000		125.00		.05
MAXILLOFACIAL SERVICES	6	6		282.50		47.08	.000		47.08		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	34	38		3,320.00		87.37	.002		97.65		.15
ALL OTHER SERVICES	23	29		375.00		12.93	.001		16.30		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 6,414
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

22,072 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
					----- MONTHLY AVERAGE -----		

@OPTOMETRIST	159	395	\$	9,675.21	\$	24.49	.018	\$	60.85	\$	.44
DIAGNOSTIC AND ANC. PROCED	130	144		5,853.66		40.65	.007		45.03		.27
EYE APPLIANCES	87	250		3,797.55		15.19	.011		43.65		.17
OTHER OPTOMETRIC SERVICES	1	1		24.00		24.00	.000		24.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	13	21	\$	658.55	\$	31.36	.001	\$	50.66	\$	.03
MEDICINE/INJECTIONS	11	14		445.82		31.84	.001		40.53		.02
SURGERY/ANES.	2	5		171.21		34.24	.000		85.61		.01
RADIO./PATHOLOGY	1	2		41.52		20.76	.000		41.52		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	40	65	\$	3,894.86	\$	59.92	.003	\$	97.37	\$	.18
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3	4	\$	96.00	\$	24.00	.000	\$	32.00	\$	.00
@TOTAL HOSPITAL	2,000	7,117	\$	897,483.04	\$	126.10	.322	\$	448.74	\$	40.66
HOSP INPATIENT TOTAL	130	419		702,921.78		1677.62	.019		5407.09		31.85
HSC HOSPITALS	121	383		634,844.24		1657.56	.017		5246.65		28.76
NON-HSC HOSPITAL TOTAL	10	36		68,077.54		1891.04	.002		6807.75		3.08
ACCOMMODATIONS	10	36		22,392.24		622.01	.002		2239.22		1.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	36		22,392.24		622.01	.002		2239.22		1.01
ANCILLARIES	10	0		45,685.30		.00	.000		4568.53		2.07
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,931	6,698		194,561.26		29.05	.303		100.76		8.81
MEDICAL	420	697		26,793.69		38.44	.032		63.79		1.21
SURGERY	155	191		9,101.49		47.65	.009		58.72		.41
PATHOLOGY	534	1,990		22,365.04		11.24	.090		41.88		1.01
RADIOLOGY	553	713		42,430.03		59.51	.032		76.73		1.92
ROOM USE	1,438	1,755		67,960.47		38.72	.080		47.26		3.08
CROSSOVERS/ALL OTH OUTPTNT	682	1,352		25,910.54		19.16	.061		37.99		1.17
@COUNTY HOSPITAL TOTAL	17	69	\$	4,617.44	\$	66.92	.003	\$	271.61	\$	.21
CO HOSPITAL INPATIENT TOTAL	1	2		2,260.00		1130.00	.000		2260.00		.10
HSC HOSPITALS	1	2		2,260.00		1130.00	.000		2260.00		.10
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	16	67		2,357.44		35.19	.003		147.34		.11
MEDICAL	4	5		239.68		47.94	.000		59.92		.01
SURGERY	3	5		201.25		40.25	.000		67.08		.01
PATHOLOGY	8	33		647.17		19.61	.001		80.90		.03
RADIOLOGY	3	4		483.81		120.95	.000		161.27		.02
ROOM USE	9	13		702.20		54.02	.001		78.02		.03
CROSSOVERS/ALL OTH OUTPTNT	4	7		83.33		11.90	.000		20.83		.00

22,072 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,985	7,048	\$ 892,865.60	\$ 126.68	.319	\$ 449.81	\$ 40.45
COMM HOSP INPATIENT TOTAL	129	417	700,661.78	1680.24	.019	5431.49	31.74
HSC HOSPITALS	120	381	632,584.24	1660.33	.017	5271.54	28.66
NON-HSC HOSPITALS TOTAL	10	36	68,077.54	1891.04	.002	6807.75	3.08
ACCOMMODATIONS	10	36	22,392.24	622.01	.002	2239.22	1.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	36	22,392.24	622.01	.002	2239.22	1.01
ANCILLARIES	10	0	45,685.30	.00	.000	4568.53	2.07
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,917	6,631	192,203.82	28.99	.300	100.26	8.71
MEDICAL	416	692	26,554.01	38.37	.031	63.83	1.20
SURGERY	152	186	8,900.24	47.85	.008	58.55	.40
PATHOLOGY	527	1,957	21,717.87	11.10	.089	41.21	.98
RADIOLOGY	550	709	41,946.22	59.16	.032	76.27	1.90
ROOM USE	1,430	1,742	67,258.27	38.61	.079	47.03	3.05
CROSSOVERS/ALL OTH OUTPTNT	678	1,345	25,827.21	19.20	.061	38.09	1.17
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	14	81	\$ 1,384.46	\$ 17.09	.004	\$ 98.89	\$.06
HOSPITAL BASED	5	13	403.80	31.06	.001	80.76	.02
INDEPENDENT FACILITY	9	68	980.66	14.42	.003	108.96	.04
@LABORATORY FACILITY	842	3,252	\$ 40,205.78	\$ 12.36	.147	\$ 47.75	\$ 1.82
PATHOLOGY	840	3,249	40,105.08	12.34	.147	47.74	1.82
XO AND OTHERS	3	3	100.70	33.57	.000	33.57	.00
@ORGANIZED OUTPATIENT CLINIC	3,135	6,212	\$ 521,945.66	\$ 84.02	.281	\$ 166.49	\$ 23.65
CLINIC	611	2,565	64,706.37	25.23	.116	105.90	2.93
SURGICENTER	1	1	5.00	5.00	.000	5.00	.00
HEROIN DETOX CLINIC	3	55	597.42	10.86	.002	199.14	.03
RURAL HEALTH CLINIC	2,573	3,591	456,636.87	127.16	.163	177.47	20.69

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,416
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

	22,072 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	911	5,119	\$	75,776.66	\$ 14.80	.232	\$ 83.18	\$ 3.43
DURABLE MED. EQUIP.	40	59		4,266.84	72.32	.003	106.67	.19
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	114	792		16,826.00	21.24	.036	147.60	.76
AMBULANCES/AIR TRANS	114	768		13,152.25	17.13	.035	115.37	.60
OTHER TRANS	2	22		73.75	3.35	.001	36.88	.00
OTHER SERVICES	2	2		3,600.00	1800.00	.000	1800.00	.16
ACUPUNCTURE	4	16		283.46	17.72	.001	70.87	.01
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	14	14		1,470.00	105.00	.001	105.00	.07
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	179	546		6,123.37	11.21	.025	34.21	.28
PHYSICAL THERAPIST	2	8		118.23	14.78	.000	59.12	.01
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	16	61		9,007.12	147.66	.003	562.95	.41
PROSTHETICS	16	61		9,007.12	147.66	.003	562.95	.41
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	5	16		1,148.89	71.81	.001	229.78	.05
SPEECH AND AUDIOLOGY	1	2		102.05	51.03	.000	102.05	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	514	3,562		35,163.74	9.87	.161	68.41	1.59
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	29	43		1,266.96	29.46	.002	43.69	.06
@CALIF. CHILDREN SERVICES*	87	491	\$	78,964.25	\$ 160.82	.022	\$ 907.64	\$ 3.58
@XOVER EXCLUDING STATE HOSP**	14	80	\$	1,435.10	\$ 17.94	.004	\$ 102.51	\$.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

64,960 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	43,605	995,498	\$ 31,313,805.14	\$ 31.46	15.325	\$ 718.12	\$ 482.05
@PHYSICIANS SERVICES	11,435	31,379	\$ 1,169,320.26	\$ 37.26	.483	\$ 102.26	\$ 18.00
OUTPATIENT VISITS	5,680	7,802	322,657.56	41.36	.120	56.81	4.97
OFFICE VISITS	3,204	4,314	134,588.80	31.20	.066	42.01	2.07
HOME VISITS	65	72	2,691.30	37.38	.001	41.40	.04
EMERGENCY ROOM	2,580	3,166	176,674.41	55.80	.049	68.48	2.72
PREVENTIVE CARE	7	8	360.36	45.05	.000	51.48	.01
OB VISITS/COMPRE PERI	18	20	2,148.74	107.44	.000	119.37	.03
OTHER OUTPATIENT	179	222	6,193.95	27.90	.003	34.60	.10
INPATIENT VISITS	872	2,946	144,438.13	49.03	.045	165.64	2.22
HOSPITAL VISITS	639	2,366	108,439.77	45.83	.036	169.70	1.67
CRITICAL CARE	75	218	24,053.57	110.34	.003	320.71	.37
SNF/ICF/TRANS IP CARE	229	362	11,944.79	33.00	.006	52.16	.18
OPHTHALMOLOGICAL SERVICES	273	324	13,556.30	41.84	.005	49.66	.21
EXAMINATIONS	273	324	13,556.30	41.84	.005	49.66	.21
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	282	1,777	132,070.20	74.32	.027	468.33	2.03
PRINCIPAL SURGEON	193	297	101,768.76	342.66	.005	527.30	1.57
ASSISTANT SURGEON	21	21	3,395.57	161.69	.000	161.69	.05
ANESTHESIOLOGIST	106	1,459	26,905.87	18.44	.022	253.83	.41
OUTPATIENT SURGERY	836	2,045	138,396.34	67.68	.031	165.55	2.13
PRINCIPAL SURGEON	677	939	110,241.85	117.40	.014	162.84	1.70
ASSISTANT SURGEON	4	4	574.63	143.66	.000	143.66	.01
ANESTHESIOLOGIST	195	1,102	27,579.86	25.03	.017	141.44	.42
DIALYSIS	32	95	10,297.06	108.39	.001	321.78	.16
PATHOLOGY	514	1,746	12,504.42	7.16	.027	24.33	.19
RADIOLOGY	2,173	3,741	152,049.03	40.64	.058	69.97	2.34
PSYCHIATRY	2	2	65.96	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	102	474	28,278.16	59.66	.007	277.24	.44
OTHER SERVICES/ALL X-OVERS	4,381	10,427	215,007.10	20.62	.161	49.08	3.31
@PHARMACY	31,616	517,107	\$ 17,053,151.46	\$ 32.98	7.960	\$ 539.38	\$ 262.52
PRESCRIPTION DRUGS	31,188	124,124	13,815,100.88	111.30	1.911	442.96	212.67
SNF/ICF	1,634	11,374	1,315,089.54	115.62	.175	804.83	20.24
OUTPATIENTS	29,876	112,750	12,500,011.34	110.86	1.736	418.40	192.43
MEDICAL SUPPLIES	2,295	392,983	3,238,050.58	8.24	6.050	1410.92	49.85
@DENTIST	4,255	14,700	\$ 495,430.77	\$ 33.70	.226	\$ 116.43	\$ 7.63
VISITS - DIAGNOSTIC	3,063	9,827	151,903.21	15.46	.151	49.59	2.34
ORAL SURGERY	483	1,040	52,356.69	50.34	.016	108.40	.81
DRUGS	54	66	1,218.75	18.47	.001	22.57	.02
ANESTHESIA	12	13	1,175.00	90.38	.000	97.92	.02
PERIODONTICS	223	249	26,883.66	107.97	.004	120.55	.41
ENDODONTICS	198	271	41,597.13	153.49	.004	210.09	.64
RESTORATIVE DENTISTRY	1,162	2,440	132,397.75	54.26	.038	113.94	2.04
PROSTHETICS	42	43	1,212.50	28.20	.001	28.87	.02
DENTURES, STAYPLATES	262	619	81,602.33	131.83	.010	311.46	1.26
SPACE MAINTAINERS	9	12	1,000.00	83.33	.000	111.11	.02
MAXILLOFACIAL SERVICES	7	7	282.50	40.36	.000	40.36	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	35	39	3,355.00	86.03	.001	95.86	.05
ALL OTHER SERVICES	73	74	446.25	6.03	.001	6.11	.01

64,960 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	529	1,359	\$ 33,723.00	\$ 24.81	.021	\$ 63.75	\$.52
DIAGNOSTIC AND ANC. PROCED	339	369	15,100.67	40.92	.006	44.54	.23
EYE APPLIANCES	315	964	17,072.13	17.71	.015	54.20	.26
OTHER OPTOMETRIC SERVICES	30	26	1,550.20	59.62	.000	51.67	.02
@CHIROPRACTOR	19	47	\$ 701.64	\$ 14.93	.001	\$ 36.93	\$.01
VISITS	13	39	597.74	15.33	.001	45.98	.01
OTHER SERVICES	6	8	103.90	12.99	.000	17.32	.00
@PODIATRIST	435	570	\$ 10,168.01	\$ 17.84	.009	\$ 23.37	\$.16
MEDICINE/INJECTIONS	230	259	7,095.62	27.40	.004	30.85	.11
SURGERY/ANES.	11	15	401.35	26.76	.000	36.49	.01
RADIO./PATHOLOGY	5	7	128.02	18.29	.000	25.60	.00
OTHER	202	289	2,543.02	8.80	.004	12.59	.04
@HOME HEALTH AGENCY	176	2,138	\$ 96,431.73	\$ 45.10	.033	\$ 547.91	\$ 1.48
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	2	2	80.00	40.00	.000	40.00	.00
FAMILY NURSE PRACTITIONER	19	47	602.57	12.82	.001	31.71	.01
@TOTAL HOSPITAL	7,356	34,540	\$ 5,399,560.01	\$ 156.33	.532	\$ 734.03	\$ 83.12
HOSP INPATIENT TOTAL	720	2,717	4,266,152.36	1570.17	.042	5925.21	65.67
HSC HOSPITALS	478	2,336	3,593,163.92	1538.17	.036	7517.08	55.31
NON-HSC HOSPITAL TOTAL	96	381	483,339.70	1268.61	.006	5034.79	7.44
ACCOMMODATIONS	94	381	153,280.15	402.31	.006	1630.64	2.36
ADMINISTRATIVE DAYS	8	13	2,832.87	217.91	.000	354.11	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	88	368	150,447.28	408.82	.006	1709.63	2.32
ANCILLARIES	94	0	330,059.55	.00	.000	3511.27	5.08
INPATIENT CROSSOVERS	179	0	189,648.74	.00	.000	1059.49	2.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,898	31,823	1,133,407.65	35.62	.490	164.31	17.45
MEDICAL	1,591	2,610	106,418.88	40.77	.040	66.89	1.64
SURGERY	476	646	29,593.86	45.81	.010	62.17	.46
PATHOLOGY	1,823	8,627	108,918.25	12.63	.133	59.75	1.68
RADIOLOGY	1,753	2,838	254,479.52	89.67	.044	145.17	3.92
ROOM USE	3,321	4,423	174,310.04	39.41	.068	52.49	2.68
CROSSOVERS/ALL OTH OUTPTNT	3,452	12,679	459,687.10	36.26	.195	133.17	7.08
@COUNTY HOSPITAL TOTAL	117	529	\$ 72,966.90	\$ 137.93	.008	\$ 623.65	\$ 1.12
CO HOSPITAL INPATIENT TOTAL	12	61	60,501.39	991.83	.001	5041.78	.93
HSC HOSPITALS	11	52	56,866.50	1093.59	.001	5169.68	.88
NON-HSC HOSPITALS TOTAL	3	9	3,634.89	403.88	.000	1211.63	.06
ACCOMMODATIONS	3	9	2,081.70	231.30	.000	693.90	.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	2,081.70	231.30	.000	693.90	.03
ANCILLARIES	2	0	1,553.19	.00	.000	776.60	.02
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	109	468	12,465.51	26.64	.007	114.36	.19
MEDICAL	45	54	1,782.73	33.01	.001	39.62	.03
SURGERY	11	15	526.43	35.10	.000	47.86	.01
PATHOLOGY	39	221	3,216.61	14.55	.003	82.48	.05

RADIOLOGY	22	43	2,620.15	60.93	.001	119.10	.04
ROOM USE	65	81	3,392.94	41.89	.001	52.20	.05
CROSSOVERS/ALL OTH OUTPTNT	29	54	926.65	17.16	.001	31.95	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,419

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

					----- MONTHLY AVERAGE -----			
64,960 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	7,264	34,011	\$ 5,326,593.11	\$ 156.61	.524	\$ 733.29	\$ 82.00	
COMM HOSP INPATIENT TOTAL	710	2,656	4,205,650.97	1583.45	.041	5923.45	64.74	
HSC HOSPITALS	468	2,284	3,536,297.42	1548.29	.035	7556.19	54.44	
NON-HSC HOSPITALS TOTAL	93	372	479,704.81	1289.53	.006	5158.12	7.38	
ACCOMMODATIONS	91	372	151,198.45	406.45	.006	1661.52	2.33	
ADMINISTRATIVE DAYS	8	13	2,832.87	217.91	.000	354.11	.04	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	85	359	148,365.58	413.27	.006	1745.48	2.28	
ANCILLARIES	92	0	328,506.36	.00	.000	3570.72	5.06	
INPATIENT CROSSOVERS	179	0	189,648.74	.00	.000	1059.49	2.92	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	6,811	31,355	1,120,942.14	35.75	.483	164.58	17.26	
MEDICAL	1,548	2,556	104,636.15	40.94	.039	67.59	1.61	
SURGERY	465	631	29,067.43	46.07	.010	62.51	.45	
PATHOLOGY	1,789	8,406	105,701.64	12.57	.129	59.08	1.63	
RADIOLOGY	1,733	2,795	251,859.37	90.11	.043	145.33	3.88	
ROOM USE	3,266	4,342	170,917.10	39.36	.067	52.33	2.63	
CROSSOVERS/ALL OTH OUTPTNT	3,426	12,625	458,760.45	36.34	.194	133.91	7.06	
@STATE HOSPITAL	6	158	\$ 110,643.13	\$ 700.27	.002	\$ 18440.52	\$ 1.70	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	6	158	110,643.13	700.27	.002	18440.52	1.70	
@NURSING FACILITY	611	17,193	\$ 2,642,644.58	\$ 153.70	.265	\$ 4325.11	\$ 40.68	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	54	1,697	232,561.36	137.04	.026	4306.69	3.58	
LEV B-SUBACUTE FREESTANDING	3	49	30,080.61	613.89	.001	10026.87	.46	
LEV B-SUBACUTE HSPTL BASED	12	366	202,335.57	552.83	.006	16861.30	3.11	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	547	15,081	2,177,667.04	144.40	.232	3981.11	33.52	
@INTERMEDIATE CARE FACIL.-DD	218	7,344	\$ 1,237,499.67	\$ 168.50	.113	\$ 5676.60	\$ 19.05	
ICF DDH	218	7,344	1,235,890.59	168.29	.113	5669.22	19.03	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	1,609.08	.00	.000	.00	.02	
@HEMODIALYSIS TOTAL	193	3,008	\$ 195,788.22	\$ 65.09	.046	\$ 1014.45	\$ 3.01	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	193	3,008	195,788.22	65.09	.046	1014.45	3.01	
@REHABILITATION FACILITY	103	1,238	\$ 18,185.54	\$ 14.69	.019	\$ 176.56	\$.28	
HOSPITAL BASED	12	41	1,243.68	30.33	.001	103.64	.02	
INDEPENDENT FACILITY	91	1,197	16,941.86	14.15	.018	186.17	.26	
@LABORATORY FACILITY	3,168	18,298	\$ 175,522.57	\$ 9.59	.282	\$ 55.40	\$ 2.70	
PATHOLOGY	3,050	18,001	168,330.70	9.35	.277	55.19	2.59	
XO AND OTHERS	133	297	7,191.87	24.22	.005	54.07	.11	
@ORGANIZED OUTPATIENT CLINIC	7,910	13,738	\$ 1,143,101.82	\$ 83.21	.211	\$ 144.51	\$ 17.60	
CLINIC	1,147	3,945	99,582.00	25.24	.061	86.82	1.53	
SURGICENTER	37	41	6,382.55	155.67	.001	172.50	.10	
HEROIN DETOX CLINIC	19	254	2,910.14	11.46	.004	153.17	.04	
RURAL HEALTH CLINIC	6,851	9,498	1,034,227.13	108.89	.146	150.96	15.92	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,420

MOP024
MARIN COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

03/14/05

64,960 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5,833	332,632	\$ 1,531,250.16	\$ 4.60	5.121	\$ 262.52	\$ 23.57
DURABLE MED. EQUIP.	434	1,881	185,503.29	98.62	.029	427.43	2.86
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	130	253	24,211.62	95.70	.004	186.24	.37
MEDICAL TRANSPORTATION	694	6,393	102,353.76	16.01	.098	147.48	1.58
AMBULANCES/AIR TRANS	618	5,909	91,567.06	15.50	.091	148.17	1.41
OTHER TRANS	36	301	1,227.08	4.08	.005	34.09	.02
OTHER SERVICES	59	183	9,559.62	52.24	.003	162.03	.15
ACUPUNCTURE	151	538	9,207.60	17.11	.008	60.98	.14
ADULT DAY HEALTH CARE CTR	284	4,041	276,197.99	68.35	.062	972.53	4.25
GENETIC DISEASE TESTING	14	14	1,470.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	594	6,805	295,134.53	43.37	.105	496.86	4.54
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	790	2,785	34,980.69	12.56	.043	44.28	.54
PHYSICAL THERAPIST	5	23	341.43	14.84	.000	68.29	.01
PORTABLE X-RAY	47	99	1,855.80	18.75	.002	39.49	.03
PROSTHETIST/ORTHOTISTS	61	245	34,434.09	140.55	.004	564.49	.53
PROSTHETICS	61	245	34,434.09	140.55	.004	564.49	.53
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	18	49	1,740.96	35.53	.001	96.72	.03
SPEECH AND AUDIOLOGY	704	3,159	127,781.40	40.45	.049	181.51	1.97
HOSPICE SERVICES	28	760	109,102.58	143.56	.012	3896.52	1.68
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	939	19,741	218,170.20	11.05	.304	232.34	3.36
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,441	285,846		108,764.22		.38	4.400	75.48	1.67
@CALIF. CHILDREN SERVICES*	419	9,033	\$	3,411,112.44	\$	377.63	.139	\$ 8141.08	\$ 52.51
@XOVER EXCLUDING STATE HOSP**	5,297	42,015	\$	758,886.43	\$	18.06	.647	\$ 143.27	\$ 11.68

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,421
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS	AID CODES 47 69

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,461 ELIGIBLES							
@TOTAL, ALL PROVIDERS	1,666	4,890	\$ 562,117.39	\$ 114.95	1.987	\$ 337.41	\$ 228.41
@PHYSICIANS SERVICES	387	782	\$ 31,453.77	\$ 40.22	.318	\$ 81.28	\$ 12.78
OUTPATIENT VISITS	274	371	14,954.15	40.31	.151	54.58	6.08
OFFICE VISITS	106	159	5,042.12	31.71	.065	47.57	2.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	168	195	9,433.63	48.38	.079	56.15	3.83
PREVENTIVE CARE	3	3	92.05	30.68	.001	30.68	.04
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	13	14	386.35	27.60	.006	29.72	.16
INPATIENT VISITS	24	117	8,826.20	75.44	.048	367.76	3.59
HOSPITAL VISITS	24	98	4,687.87	47.84	.040	195.33	1.90
CRITICAL CARE	5	19	4,138.33	217.81	.008	827.67	1.68
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	9	375.74	41.75	.004	53.68	.15
EXAMINATIONS	7	9	375.74	41.75	.004	53.68	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	38	1,239.81	32.63	.015	154.98	.50
PRINCIPAL SURGEON	6	7	382.89	54.70	.003	63.82	.16
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	31	856.92	27.64	.013	214.23	.35
OUTPATIENT SURGERY	16	24	1,784.87	74.37	.010	111.55	.73
PRINCIPAL SURGEON	14	14	1,492.90	106.64	.006	106.64	.61
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	10	291.97	29.20	.004	145.99	.12
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	13	81.27	6.25	.005	8.13	.03
RADIOLOGY	93	113	1,684.65	14.91	.046	18.11	.68
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	1	35.88CR	35.88CR	.000	17.94CR	.01CR
OTHER SERVICES/ALL X-OVERS	59	96	2,542.96	26.49	.039	43.10	1.03
@PHARMACY	487	1,032	\$ 42,091.73	\$ 40.79	.419	\$ 86.43	\$ 17.10
PRESCRIPTION DRUGS	479	846	36,093.87	42.66	.344	75.35	14.67
SNF/ICF	1	2	1,892.49	946.25	.001	1892.49	.77
OUTPATIENTS	478	844	34,201.38	40.52	.343	71.55	13.90
MEDICAL SUPPLIES	12	186	5,997.86	32.25	.076	499.82	2.44
@DENTIST	2	2	\$.00	\$.00	.001	\$.00	\$.00
VISITS - DIAGNOSTIC	2	2	.00	.00	.001	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,422
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS	AID CODES 47 69

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,461 ELIGIBLES							
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	8	15	\$ 951.07	\$ 63.40	.006	\$ 118.88	\$.39
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	281	843	\$ 236,859.53	\$ 280.97	.343	\$ 842.92	\$ 96.25
HOSP INPATIENT TOTAL	26	125	213,874.00	1710.99	.051	8225.92	86.91
HSC HOSPITALS	26	125	213,874.00	1710.99	.051	8225.92	86.91
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	266	718	22,985.53	32.01	.292	86.41	9.34
MEDICAL	29	39	2,209.98	56.67	.016	76.21	.90
SURGERY	4	7	632.09	90.30	.003	158.02	.26
PATHOLOGY	71	274	2,974.63	10.86	.111	41.90	1.21
RADIOLOGY	85	104	7,225.05	69.47	.042	85.00	2.94
ROOM USE	183	208	7,611.97	36.60	.085	41.60	3.09
CROSSOVERS/ALL OTH OUTPTNT	58	86	2,331.81	27.11	.035	40.20	.95
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,423
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	2,461 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	281		843	\$ 236,859.53	\$ 280.97	.343	\$ 842.92	\$ 96.25
COMM HOSP INPATIENT TOTAL	26		125	213,874.00	1710.99	.051	8225.92	86.91
HSC HOSPITALS	26		125	213,874.00	1710.99	.051	8225.92	86.91
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	266		718	22,985.53	32.01	.292	86.41	9.34
MEDICAL	29		39	2,209.98	56.67	.016	76.21	.90
SURGERY	4		7	632.09	90.30	.003	158.02	.26
PATHOLOGY	71		274	2,974.63	10.86	.111	41.90	1.21
RADIOLOGY	85		104	7,225.05	69.47	.042	85.00	2.94
ROOM USE	183		208	7,611.97	36.60	.085	41.60	3.09
CROSSOVERS/ALL OTH OUTPTNT	58		86	2,331.81	27.11	.035	40.20	.95
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1		22	\$ 308.55	\$ 14.03	.009	\$ 308.55	\$.13
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1		22	308.55	14.03	.009	308.55	.13
@LABORATORY FACILITY	21		32	\$ 371.00	\$ 11.59	.013	\$ 17.67	\$.15
PATHOLOGY	21		32	371.00	11.59	.013	17.67	.15
XO AND OTHERS	0		0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	1,188	1,962	\$	244,322.20	\$	124.53	.797	\$	205.66	\$	99.28
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,188	1,962		244,322.20		124.53	.797		205.66		99.28

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,424
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	2,461 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	35		200	\$ 5,759.54	\$ 28.80	.081	\$ 164.56	\$ 2.34
DURABLE MED. EQUIP.	13		22	1,208.58	54.94	.009	92.97	.49
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	15		168	2,240.13	13.33	.068	149.34	.91
AMBULANCES/AIR TRANS	15		168	2,240.13	13.33	.068	149.34	.91
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	1		1	1,475.00	1475.00	.000	1475.00	.60
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	5		7	772.69	110.38	.003	154.54	.31
PROSTHETICS	5		7	772.69	110.38	.003	154.54	.31
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1		2	63.14	31.57	.001	63.14	.03
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	20		211	\$ 56,562.68	\$ 268.07	.086	\$ 2828.13	\$ 22.98
@XOVER EXCLUDING STATE HOSP**	0		0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,425
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

	2,608 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,357		23,453	\$ 1,739,752.80	\$ 74.18	8.993	\$ 738.12	\$ 667.08
@PHYSICIANS SERVICES	842		2,784	\$ 196,503.57	\$ 70.58	1.067	\$ 233.38	\$ 75.35
OUTPATIENT VISITS	147		175	11,673.54	66.71	.067	79.41	4.48
OFFICE VISITS	47		54	3,032.35	56.15	.021	64.52	1.16
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	86		99	6,207.22	62.70	.038	72.18	2.38

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	18	22	2,433.97	110.64	.008	135.22	.93
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	80	172	9,100.63	52.91	.066	113.76	3.49
HOSPITAL VISITS	80	155	6,932.80	44.73	.059	86.66	2.66
CRITICAL CARE	6	17	2,167.83	127.52	.007	361.31	.83
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	116	839	48,434.43	57.73	.322	417.54	18.57
PRINCIPAL SURGEON	49	55	27,744.94	504.45	.021	566.22	10.64
ASSISTANT SURGEON	7	7	1,639.10	234.16	.003	234.16	.63
ANESTHESIOLOGIST	70	777	19,050.39	24.52	.298	272.15	7.30
OUTPATIENT SURGERY	291	542	97,955.82	180.73	.208	336.62	37.56
PRINCIPAL SURGEON	279	423	94,689.91	223.85	.162	339.39	36.31
ASSISTANT SURGEON	2	2	293.72	146.86	.001	146.86	.11
ANESTHESIOLOGIST	16	117	2,972.19	25.40	.045	185.76	1.14
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	37	213.92	5.78	.014	19.45	.08
RADIOLOGY	443	596	17,877.37	30.00	.229	40.36	6.85
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	6	50.85	8.48	.002	12.71	.02
OTHER SERVICES/ALL X-OVERS	195	417	11,197.01	26.85	.160	57.42	4.29
@PHARMACY	612	1,517	\$ 55,028.33	\$ 36.27	.582	\$ 89.92	\$ 21.10
PRESCRIPTION DRUGS	574	1,268	31,303.51	24.69	.486	54.54	12.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	574	1,268	31,303.51	24.69	.486	54.54	12.00
MEDICAL SUPPLIES	114	249	23,724.82	95.28	.095	208.11	9.10
@DENTIST	16	42	\$ 412.50	\$ 9.82	.016	\$ 25.78	\$.16
VISITS - DIAGNOSTIC	14	29	412.50	14.22	.011	29.46	.16
ORAL SURGERY	3	7	.00	.00	.003	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	.00	.00	.001	.00	.00
ENDODONTICS	1	1	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	3	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,426
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	2,608 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	176	228	\$	12,076.81	\$ 52.97	.087	\$ 68.62	\$ 4.63
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	16	186	\$	5,005.58	\$ 26.91	.071	\$ 312.85	\$ 1.92
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	611	2,416	\$	1,140,351.50	\$ 472.00	.926	\$ 1866.37	\$ 437.25
HOSP INPATIENT TOTAL	234	664		1,090,432.36	1642.22	.255	4659.97	418.11
HSC HOSPITALS	221	611		1,027,980.73	1682.46	.234	4651.50	394.16
NON-HSC HOSPITAL TOTAL	14	53		62,451.63	1178.33	.020	4460.83	23.95
ACCOMMODATIONS	14	53		26,935.41	508.22	.020	1923.96	10.33
ADMINISTRATIVE DAYS	1	5		1,156.50	231.30	.002	1156.50	.44
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	48		25,778.91	537.06	.018	1982.99	9.88
ANCILLARIES	14	0		35,516.22	.00	.000	2536.87	13.62
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	514	1,752		49,919.14	28.49	.672	97.12	19.14
MEDICAL	60	83		2,880.94	34.71	.032	48.02	1.10
SURGERY	91	252		5,087.39	20.19	.097	55.91	1.95
PATHOLOGY	166	672		6,853.78	10.20	.258	41.29	2.63
RADIOLOGY	227	267		18,902.15	70.79	.102	83.27	7.25
ROOM USE	146	182		8,036.82	44.16	.070	55.05	3.08
CROSSOVERS/ALL OTH OUTPTNT	210	296		8,158.06	27.56	.113	38.85	3.13
@COUNTY HOSPITAL TOTAL	5	73	\$	4,590.82	\$ 62.89	.028	\$ 918.16	\$ 1.76
CO HOSPITAL INPATIENT TOTAL	1	3		2,370.00	790.00	.001	2370.00	.91
HSC HOSPITALS	1	3		2,370.00	790.00	.001	2370.00	.91

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	70	2,220.82	31.73	.027	555.21	.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	7	189.21	27.03	.003	63.07	.07
PATHOLOGY	4	32	629.23	19.66	.012	157.31	.24
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	12	778.71	64.89	.005	194.68	.30
CROSSOVERS/ALL OTH OUTPTNT	4	19	623.67	32.82	.007	155.92	.24

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,427
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	2,608 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	606	2,343	\$	1,135,760.68	\$ 484.75	.898	\$ 1874.19	\$ 435.49
COMM HOSP INPATIENT TOTAL	233	661		1,088,062.36	1646.09	.253	4669.80	417.20
HSC HOSPITALS	220	608		1,025,610.73	1686.86	.233	4661.87	393.26
NON-HSC HOSPITALS TOTAL	14	53		62,451.63	1178.33	.020	4460.83	23.95
ACCOMMODATIONS	14	53		26,935.41	508.22	.020	1923.96	10.33
ADMINISTRATIVE DAYS	1	5		1,156.50	231.30	.002	1156.50	.44
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	48		25,778.91	537.06	.018	1982.99	9.88
ANCILLARIES	14	0		35,516.22	.00	.000	2536.87	13.62
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	510	1,682		47,698.32	28.36	.645	93.53	18.29
MEDICAL	60	83		2,880.94	34.71	.032	48.02	1.10
SURGERY	88	245		4,898.18	19.99	.094	55.66	1.88
PATHOLOGY	162	640		6,224.55	9.73	.245	38.42	2.39
RADIOLOGY	227	267		18,902.15	70.79	.102	83.27	7.25
ROOM USE	142	170		7,258.11	42.69	.065	51.11	2.78
CROSSOVERS/ALL OTH OUTPTNT	206	277		7,534.39	27.20	.106	36.57	2.89
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	863	2,286	\$	33,061.94	\$	14.46	.877	\$	38.31	\$	12.68
PATHOLOGY	863	2,286		33,061.94		14.46	.877		38.31		12.68
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,623	13,774	\$	279,255.52	\$	20.27	5.281	\$	172.06	\$	107.08
CLINIC	1,451	13,097		190,121.37		14.52	5.022		131.03		72.90
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	275	677		89,134.15		131.66	.260		324.12		34.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 6,428
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49										

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,608 ELIGIBLES							
@ALL OTHER PROVIDERS	162	220	\$ 18,057.05	\$ 82.08	.084	\$ 111.46	\$ 6.92
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	59	693.23	11.75	.023	115.54	.27
AMBULANCES/AIR TRANS	6	59	693.23	11.75	.023	115.54	.27
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	147	148	15,420.00	104.19	.057	104.90	5.91
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	12	837.14	69.76	.005	93.02	.32
PROSTHETICS	9	12	837.14	69.76	.005	93.02	.32
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1	1,106.68	1106.68	.000	1106.68	.42
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	95	\$ 32,823.56	\$ 345.51	.036	\$ 5470.59	\$ 12.59
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 6,429
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76										

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
17 ELIGIBLES							

@TOTAL, ALL PROVIDERS	65	320	\$	24,603.47	\$	76.89	18.824	\$	378.51	\$	1447.26
@PHYSICIANS SERVICES	19	72	\$	4,484.97	\$	62.29	4.235	\$	236.05	\$	263.82
OUTPATIENT VISITS	5	5		222.30		44.46	.294		44.46		13.08
OFFICE VISITS	2	2		41.00		20.50	.118		20.50		2.41
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	3	3		181.30		60.43	.176		60.43		10.66
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	8	51		1,728.23		33.89	3.000		216.03		101.66
PRINCIPAL SURGEON	1	1		390.18		390.18	.059		390.18		22.95
ASSISTANT SURGEON	1	1		186.50		186.50	.059		186.50		10.97
ANESTHESIOLOGIST	6	49		1,151.55		23.50	2.882		191.93		67.74
OUTPATIENT SURGERY	5	9		2,370.68		263.41	.529		474.14		139.45
PRINCIPAL SURGEON	4	4		2,177.56		544.39	.235		544.39		128.09
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	5		193.12		38.62	.294		193.12		11.36
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		6.46		6.46	.059		6.46		.38
RADIOLOGY	1	1		27.06		27.06	.059		27.06		1.59
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	4	5		130.24		26.05	.294		32.56		7.66
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,430
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM	AID CODE 76

					----- MONTHLY AVERAGE -----		
17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	6	9	\$	494.82	\$	54.98	.529	\$	82.47	\$	29.11
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	1	7	\$	58.87	\$	8.41	.412	\$	58.87	\$	3.46
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	9	23	\$	13,168.99	\$	572.56	1.353	\$	1463.22	\$	774.65
HOSP INPATIENT TOTAL	3	8		12,800.04		1600.01	.471		4266.68		752.94
HSC HOSPITALS	3	8		12,800.04		1600.01	.471		4266.68		752.94
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7	15		368.95		24.60	.882		52.71		21.70
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	6		62.26		10.38	.353		31.13		3.66

RADIOLOGY	2	2	71.23	35.62	.118	35.62	4.19
ROOM USE	2	2	66.00	33.00	.118	33.00	3.88
CROSSOVERS/ALL OTH OUTPTNT	5	5	169.46	33.89	.294	33.89	9.97
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,431
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	23	\$ 13,168.99	\$ 572.56	1.353	\$ 1463.22	\$ 774.65
COMM HOSP INPATIENT TOTAL	3	8	12,800.04	1600.01	.471	4266.68	752.94
HSC HOSPITALS	3	8	12,800.04	1600.01	.471	4266.68	752.94
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	15	368.95	24.60	.882	52.71	21.70
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	6	62.26	10.38	.353	31.13	3.66
RADIOLOGY	2	2	71.23	35.62	.118	35.62	4.19
ROOM USE	2	2	66.00	33.00	.118	33.00	3.88
CROSSOVERS/ALL OTH OUTPTNT	5	5	169.46	33.89	.294	33.89	9.97
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	16	42	\$ 963.77	\$ 22.95	2.471	\$ 60.24	\$ 56.69
PATHOLOGY	16	42	963.77	22.95	2.471	60.24	56.69
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	36	167	\$ 5,432.05	\$ 32.53	9.824	\$ 150.89	\$ 319.53
CLINIC	31	142	2,241.13	15.78	8.353	72.29	131.83
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	25	3,190.92	127.64	1.471	531.82	187.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
MARIN COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						
	AID CODE 76						

PAGE 6,432
03/14/05

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

5,086 ELIGIBLES		----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	4,088	28,663	\$ 2,326,473.66	\$ 81.17	5.636	\$ 569.10	\$ 457.43	
@PHYSICIANS SERVICES	1,248	3,638	\$ 232,442.31	\$ 63.89	.715	\$ 186.25	\$ 45.70	
OUTPATIENT VISITS	426	551	26,849.99	48.73	.108	63.03	5.28	
OFFICE VISITS	155	215	8,115.47	37.75	.042	52.36	1.60	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	257	297	15,822.15	53.27	.058	61.56	3.11	
PREVENTIVE CARE	3	3	92.05	30.68	.001	30.68	.02	
OB VISITS/COMPRE PERI	18	22	2,433.97	110.64	.004	135.22	.48	
OTHER OUTPATIENT	13	14	386.35	27.60	.003	29.72	.08	
INPATIENT VISITS	104	289	17,926.83	62.03	.057	172.37	3.52	
HOSPITAL VISITS	104	253	11,620.67	45.93	.050	111.74	2.28	
CRITICAL CARE	11	36	6,306.16	175.17	.007	573.29	1.24	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	7	9	375.74	41.75	.002	53.68	.07	
EXAMINATIONS	7	9	375.74	41.75	.002	53.68	.07	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	132	928	51,402.47	55.39	.182	389.41	10.11	
PRINCIPAL SURGEON	56	63	28,518.01	452.67	.012	509.25	5.61	
ASSISTANT SURGEON	8	8	1,825.60	228.20	.002	228.20	.36	
ANESTHESIOLOGIST	80	857	21,058.86	24.57	.169	263.24	4.14	
OUTPATIENT SURGERY	312	575	102,111.37	177.58	.113	327.28	20.08	
PRINCIPAL SURGEON	297	441	98,360.37	223.04	.087	331.18	19.34	
ASSISTANT SURGEON	2	2	293.72	146.86	.000	146.86	.06	
ANESTHESIOLOGIST	19	132	3,457.28	26.19	.026	181.96	.68	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	22	51	301.65	5.91	.010	13.71	.06	
RADIOLOGY	537	710	19,589.08	27.59	.140	36.48	3.85	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	6	7	14.97	2.14	.001	2.50	.00	
OTHER SERVICES/ALL X-OVERS	258	518	13,870.21	26.78	.102	53.76	2.73	
@PHARMACY	1,099	2,549	\$ 97,120.06	\$ 38.10	.501	\$ 88.37	\$ 19.10	
PRESCRIPTION DRUGS	1,053	2,114	67,397.38	31.88	.416	64.01	13.25	
SNF/ICF	1	2	1,892.49	946.25	.000	1892.49	.37	
OUTPATIENTS	1,052	2,112	65,504.89	31.02	.415	62.27	12.88	
MEDICAL SUPPLIES	126	435	29,722.68	68.33	.086	235.89	5.84	
@DENTIST	18	44	\$ 412.50	\$ 9.38	.009	\$ 22.92	\$.08	
VISITS - DIAGNOSTIC	16	31	412.50	13.31	.006	25.78	.08	
ORAL SURGERY	3	7	.00	.00	.001	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	2	2	.00	.00	.000	.00	.00	
ENDODONTICS	1	1	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	3	.00	.00	.001	.00	.00	

5,086 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
----- MONTHLY AVERAGE -----							
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	190	252	\$ 13,522.70	\$ 53.66	.050	\$ 71.17	\$ 2.66
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	17	193	\$ 5,064.45	\$ 26.24	.038	\$ 297.91	\$ 1.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	901	3,282	\$ 1,390,380.02	\$ 423.64	.645	\$ 1543.15	\$ 273.37
HOSP INPATIENT TOTAL	263	797	1,317,106.40	1652.58	.157	5008.01	258.97
HSC HOSPITALS	250	744	1,254,654.77	1686.36	.146	5018.62	246.69
NON-HSC HOSPITAL TOTAL	14	53	62,451.63	1178.33	.010	4460.83	12.28
ACCOMMODATIONS	14	53	26,935.41	508.22	.010	1923.96	5.30
ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.001	1156.50	.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	48	25,778.91	537.06	.009	1982.99	5.07
ANCILLARIES	14	0	35,516.22	.00	.000	2536.87	6.98
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	787	2,485	73,273.62	29.49	.489	93.10	14.41
MEDICAL	89	122	5,090.92	41.73	.024	57.20	1.00
SURGERY	95	259	5,719.48	22.08	.051	60.21	1.12
PATHOLOGY	239	952	9,890.67	10.39	.187	41.38	1.94
RADIOLOGY	314	373	26,198.43	70.24	.073	83.43	5.15
ROOM USE	331	392	15,714.79	40.09	.077	47.48	3.09
CROSSOVERS/ALL OTH OUTPTNT	273	387	10,659.33	27.54	.076	39.05	2.10
@COUNTY HOSPITAL TOTAL	5	73	\$ 4,590.82	\$ 62.89	.014	\$ 918.16	\$.90
CO HOSPITAL INPATIENT TOTAL	1	3	2,370.00	790.00	.001	2370.00	.47
HSC HOSPITALS	1	3	2,370.00	790.00	.001	2370.00	.47
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	70	2,220.82	31.73	.014	555.21	.44
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	7	189.21	27.03	.001	63.07	.04
PATHOLOGY	4	32	629.23	19.66	.006	157.31	.12

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	12	778.71	64.89	.002	194.68	.15
CROSSOVERS/ALL OTH OUTPTNT	4	19	623.67	32.82	.004	155.92	.12

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,435

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
5,086 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	896	3,209	\$ 1,385,789.20	\$ 431.84	.631	\$ 1546.64	\$ 272.47
COMM HOSP INPATIENT TOTAL	262	794	1,314,736.40	1655.84	.156	5018.08	258.50
HSC HOSPITALS	249	741	1,252,284.77	1689.99	.146	5029.26	246.22
NON-HSC HOSPITALS TOTAL	14	53	62,451.63	1178.33	.010	4460.83	12.28
ACCOMMODATIONS	14	53	26,935.41	508.22	.010	1923.96	5.30
ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.001	1156.50	.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	48	25,778.91	537.06	.009	1982.99	5.07
ANCILLARIES	14	0	35,516.22	.00	.000	2536.87	6.98
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	783	2,415	71,052.80	29.42	.475	90.74	13.97
MEDICAL	89	122	5,090.92	41.73	.024	57.20	1.00
SURGERY	92	252	5,530.27	21.95	.050	60.11	1.09
PATHOLOGY	235	920	9,261.44	10.07	.181	39.41	1.82
RADIOLOGY	314	373	26,198.43	70.24	.073	83.43	5.15
ROOM USE	327	380	14,936.08	39.31	.075	45.68	2.94
CROSSOVERS/ALL OTH OUTPTNT	269	368	10,035.66	27.27	.072	37.31	1.97
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	22	\$ 308.55	\$ 14.03	.004	\$ 308.55	\$.06
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	22	308.55	14.03	.004	308.55	.06
@LABORATORY FACILITY	900	2,360	\$ 34,396.71	\$ 14.57	.464	\$ 38.22	\$ 6.76
PATHOLOGY	900	2,360	34,396.71	14.57	.464	38.22	6.76
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,847	15,903	\$ 529,009.77	\$ 33.26	3.127	\$ 185.81	\$ 104.01
CLINIC	1,482	13,239	192,362.50	14.53	2.603	129.80	37.82
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,469	2,664	336,647.27	126.37	.524	229.17	66.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
MARIN COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76						

PAGE 6,436
03/14/05

	5,086 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	197	420	\$	23,816.59	\$ 56.71	.083	\$ 120.90	\$ 4.68
DURABLE MED. EQUIP.	13	22		1,208.58	54.94	.004	92.97	.24
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	21	227		2,933.36	12.92	.045	139.68	.58
AMBULANCES/AIR TRANS	21	227		2,933.36	12.92	.045	139.68	.58
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	147	148		15,420.00	104.19	.029	104.90	3.03
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	1		1,475.00	1475.00	.000	1475.00	.29
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	14	19		1,609.83	84.73	.004	114.99	.32
PROSTHETICS	14	19		1,609.83	84.73	.004	114.99	.32
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2		63.14	31.57	.000	63.14	.01
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	1	1		1,106.68	1106.68	.000	1106.68	.22
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	26	306	\$	89,386.24	\$ 292.11	.060	\$ 3437.93	\$ 17.57
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,437

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

474 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	368	5,194	\$ 243,681.75	\$ 46.92	10.958	\$ 662.18	\$ 514.10
@PHYSICIANS SERVICES	82	233	\$ 4,189.15	\$ 17.98	.492	\$ 51.09	\$ 8.84
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	82	233	4,189.15	17.98	.492	51.09	8.84
@PHARMACY	312	3,726	\$ 107,066.89	\$ 28.74	7.861	\$ 343.16	\$ 225.88
PRESCRIPTION DRUGS	306	1,183	104,905.53	88.68	2.496	342.83	221.32
SNF/ICF	18	78	4,684.71	60.06	.165	260.26	9.88
OUTPATIENTS	289	1,105	100,220.82	90.70	2.331	346.78	211.44
MEDICAL SUPPLIES	26	2,543	2,161.36	.85	5.365	83.13	4.56
@DENTIST	27	68	\$ 1,894.65	\$ 27.86	.143	\$ 70.17	\$ 4.00
VISITS - DIAGNOSTIC	16	47	580.90	12.36	.099	36.31	1.23
ORAL SURGERY	2	4	121.00	30.25	.008	60.50	.26
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	1	.00	.00	.002	.00	.00
ENDODONTICS	1	1	260.00	260.00	.002	260.00	.55
RESTORATIVE DENTISTRY	7	14	607.75	43.41	.030	86.82	1.28
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	3	5	325.00	65.00	.011	108.33	.69
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	4CR	.00	.00	.008CR	.00	.00

#CALIF DEPT OF HEALTH SERV MARI COUNTY
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED
AID CODE 16
PAGE 6,438
03/14/05

474 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	12	\$ 212.44	\$ 17.70	.025	\$ 53.11	\$.45
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	4	12	212.44	17.70	.025	53.11	.45
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$.52	\$.26	.004	\$.26	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	.52	.26	.004	.26	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	38	184	\$ 60,036.07	\$ 326.28	.388	\$ 1579.90	\$ 126.66
HOSP INPATIENT TOTAL	12	17	57,387.06	3375.71	.036	4782.26	121.07
HSC HOSPITALS	1	17	20,985.33	1234.43	.036	20985.33	44.27
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	11	0	36,401.73	.00	.000	3309.25	76.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	27	167	2,649.01	15.86	.352	98.11	5.59
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	27	167	2,649.01	15.86	.352	98.11	5.59
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,439
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

474 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	38	184	\$ 60,036.07	\$ 326.28	.388	\$ 1579.90	\$ 126.66	
COMM HOSP INPATIENT TOTAL	12	17	57,387.06	3375.71	.036	4782.26	121.07	
HSC HOSPITALS	1	17	20,985.33	1234.43	.036	20985.33	44.27	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	11	0	36,401.73	.00	.000	3309.25	76.80	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	27	167	2,649.01	15.86	.352	98.11	5.59	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	27	167	2,649.01	15.86	.352	98.11	5.59	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	3	90	\$ 12,540.60	\$ 139.34	.190	\$ 4180.20	\$ 26.46	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	3	90	12,540.60	139.34	.190	4180.20	26.46	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	9	9	\$ 5,808.39	\$ 645.38	.019	\$ 645.38	\$ 12.25	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	9	9	5,808.39	645.38	.019	645.38	12.25	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	4	9	\$ 49.54	\$ 5.50	.019	\$ 12.39	\$.10	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
XO AND OTHERS	4	9	49.54	5.50	.019	12.39	.10	

@ORGANIZED OUTPATIENT CLINIC	29	40	\$	2,248.66	\$	56.22	.084	\$	77.54	\$	4.74
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	3	3		495.16		165.05	.006		165.05		1.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	26	37		1,753.50		47.39	.078		67.44		3.70

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,440
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

474 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	71	821	\$ 49,634.84	\$ 60.46	1.732	\$ 699.08	\$ 104.71
DURABLE MED. EQUIP.	1	1	59.06	59.06	.002	59.06	.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	10	58.44	5.84	.021	58.44	.12
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	10	58.44	5.84	.021	58.44	.12
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	23	514	35,774.56	69.60	1.084	1555.42	75.47
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	43	196	12,178.26	62.13	.414	283.22	25.69
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	32	392.43	12.26	.068	49.05	.83
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	659.45	659.45	.002	659.45	1.39

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	67		512.64	7.65	.141	46.60	1.08
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	118	533	\$	50,737.32	\$	95.19	1.124	\$ 429.98 \$ 107.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,441

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12	102	\$ 8,103.65	\$ 79.45	5.368	\$ 675.30	\$ 426.51
@PHYSICIANS SERVICES	2	2	\$ 48.00	\$ 24.00	.105	\$ 24.00	\$ 2.53
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	48.00	24.00	.105	24.00	2.53
@PHARMACY	12	73	\$ 6,109.05	\$ 83.69	3.842	\$ 509.09	\$ 321.53
PRESCRIPTION DRUGS	12	73	6,109.05	83.69	3.842	509.09	321.53
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	12	73	6,109.05	83.69	3.842	509.09	321.53
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	22	\$ 1,799.00	\$ 81.77	1.158	\$ 599.67	\$ 94.68
VISITS - DIAGNOSTIC	1	2	50.00	25.00	.105	50.00	2.63
ORAL SURGERY	1	17	749.00	44.06	.895	749.00	39.42

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.053	100.00	5.26
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.105	900.00	47.37
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,442
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,443
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	5	\$	147.60	\$	29.52	.263	\$	36.90	\$	7.77
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	5		147.60		29.52	.263		36.90		7.77

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,444
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 48.00	\$ 24.00	.105	\$ 24.00	\$ 2.53

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,445
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

1,229 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	1,040	10,827	\$	728,796.33	\$	67.31	8.810	\$	700.77	\$	593.00
@PHYSICIANS SERVICES	133	690	\$	4,084.40	\$	5.92	.561	\$	30.71	\$	3.32
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		46.44		46.44	.001		46.44		.04
EXAMINATIONS	1	1		46.44		46.44	.001		46.44		.04
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	23		448.89		19.52	.019		224.45		.37
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	23		448.89		19.52	.019		224.45		.37
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		10.93		10.93	.001		10.93		.01
OTHER SERVICES/ALL X-OVERS	130	665		3,578.14		5.38	.541		27.52		2.91
@PHARMACY	943	8,347	\$	588,014.75	\$	70.45	6.792	\$	623.56	\$	478.45
PRESCRIPTION DRUGS	926	4,448		582,900.40		131.05	3.619		629.48		474.29

SNF/ICF	19	145		19,376.91	133.63	.118	1019.84	15.77
OUTPATIENTS	915	4,303		563,523.49	130.96	3.501	615.87	458.52
MEDICAL SUPPLIES	60	3,899		5,114.35	1.31	3.172	85.24	4.16
@DENTIST	104	326	\$	14,166.81	\$ 43.46	.265	\$ 136.22	\$ 11.53
VISITS - DIAGNOSTIC	60	141		2,152.95	15.27	.115	35.88	1.75
ORAL SURGERY	8	38		774.00	20.37	.031	96.75	.63
DRUGS	4	4		50.00	12.50	.003	12.50	.04
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	6	7		672.00	96.00	.006	112.00	.55
ENDODONTICS	5	6		1,567.00	261.17	.005	313.40	1.28
RESTORATIVE DENTISTRY	27	56		3,453.86	61.68	.046	127.92	2.81
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	17	60		5,467.00	91.12	.049	321.59	4.45
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	8	13		.00	.00	.011	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,446
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

1,229 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	13	\$ 291.89	\$ 22.45	.011	\$ 48.65	\$.24
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.001	47.45	.04
EYE APPLIANCES	4	12	202.18	16.85	.010	50.55	.16
OTHER OPTOMETRIC SERVICES	1	0	42.26	.00	.000	42.26	.03
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	6	\$ 63.23	\$ 10.54	.005	\$ 10.54	\$.05
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	6	63.23	10.54	.005	10.54	.05
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	89	384	\$ 49,619.06	\$ 129.22	.312	\$ 557.52	\$ 40.37
HOSP INPATIENT TOTAL	10	44	43,617.96	991.32	.036	4361.80	35.49
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	44	36,976.88	840.38	.036	18488.44	30.09
ACCOMMODATIONS	2	44	27,165.60	617.40	.036	13582.80	22.10
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	44	27,165.60	617.40	.036	13582.80	22.10
ANCILLARIES	2	0	9,811.28	.00	.000	4905.64	7.98
INPATIENT CROSSOVERS	8	0	6,641.08	.00	.000	830.14	5.40
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	80	340	6,001.10	17.65	.277	75.01	4.88
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	80	340	6,001.10	17.65	.277	75.01	4.88
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,447
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

	1,229 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	89	384	\$	49,619.06	\$ 129.22	.312	\$ 557.52	\$ 40.37
COMM HOSP INPATIENT TOTAL	10	44		43,617.96	991.32	.036	4361.80	35.49
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	44		36,976.88	840.38	.036	18488.44	30.09
ACCOMMODATIONS	2	44		27,165.60	617.40	.036	13582.80	22.10
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	44		27,165.60	617.40	.036	13582.80	22.10
ANCILLARIES	2	0		9,811.28	.00	.000	4905.64	7.98
INPATIENT CROSSOVERS	8	0		6,641.08	.00	.000	830.14	5.40
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	80	340		6,001.10	17.65	.277	75.01	4.88
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	80	340		6,001.10	17.65	.277	75.01	4.88
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	7	139	\$	26,026.15	\$ 187.24	.113	\$ 3718.02	\$ 21.18
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	7	139		26,026.15	187.24	.113	3718.02	21.18
@INTERMEDIATE CARE FACIL.-DD	3	61	\$	9,970.45	\$ 163.45	.050	\$ 3323.48	\$ 8.11

ICF DDH	3	61		9,970.45	163.45	.050	3323.48	8.11
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	12	\$	5,670.99	\$ 472.58	.010	\$ 810.14	\$ 4.61
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	7	12		5,670.99	472.58	.010	810.14	4.61
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	8	26	\$	273.59	\$ 10.52	.021	\$ 34.20	\$.22
PATHOLOGY	2	3		105.60	35.20	.002	52.80	.09
XO AND OTHERS	6	23		167.99	7.30	.019	28.00	.14
@ORGANIZED OUTPATIENT CLINIC	65	146	\$	2,819.13	\$ 19.31	.119	\$ 43.37	\$ 2.29
CLINIC	6	78		388.72	4.98	.063	64.79	.32
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	59	68		2,430.41	35.74	.055	41.19	1.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
MARIN COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C							

PAGE 6,448
03/14/05

1,229 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	120	677	\$ 27,795.88	\$ 41.06	.551	\$ 231.63	\$ 22.62
DURABLE MED. EQUIP.	1	5	4,896.82	979.36	.004	4896.82	3.98
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	61	484.22	7.94	.050	80.70	.39
AMBULANCES/AIR TRANS	1	15	156.86	10.46	.012	156.86	.13
OTHER TRANS	2	19	117.16	6.17	.015	58.58	.10
OTHER SERVICES	3	27	210.20	7.79	.022	70.07	.17
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	11	97	6,749.26	69.58	.079	613.57	5.49
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	4	173	5,992.10	34.64	.141	1498.03	4.88
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	65	838.02	12.89	.053	52.38	.68
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	3	2.02	.67	.002	1.01	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	42	194	7,224.38	37.24	.158	172.01	5.88
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	40	79	1,609.06	20.37	.064	40.23	1.31
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	242	1,579	\$ 32,308.09	\$ 20.46	1.285	\$ 133.50	\$ 26.29

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

PAGE 6,450
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,451
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,452
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,453

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	1,722 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,420	16,123	\$	980,581.73	\$ 60.82	9.363	\$ 690.55	\$ 569.44
@PHYSICIANS SERVICES	217	925	\$	8,321.55	\$ 9.00	.537	\$ 38.35	\$ 4.83
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		46.44	46.44	.001	46.44	.03
EXAMINATIONS	1	1		46.44	46.44	.001	46.44	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	23		448.89	19.52	.013	224.45	.26
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	23		448.89	19.52	.013	224.45	.26
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		10.93	10.93	.001	10.93	.01
OTHER SERVICES/ALL X-OVERS	214	900		7,815.29	8.68	.523	36.52	4.54
@PHARMACY	1,267	12,146	\$	701,190.69	\$ 57.73	7.053	\$ 553.43	\$ 407.20
PRESCRIPTION DRUGS	1,244	5,704		693,914.98	121.65	3.312	557.81	402.97
SNF/ICF	37	223		24,061.62	107.90	.130	650.31	13.97
OUTPATIENTS	1,216	5,481		669,853.36	122.21	3.183	550.87	389.00
MEDICAL SUPPLIES	86	6,442		7,275.71	1.13	3.741	84.60	4.23
@DENTIST	134	416	\$	17,860.46	\$ 42.93	.242	\$ 133.29	\$ 10.37
VISITS - DIAGNOSTIC	77	190		2,783.85	14.65	.110	36.15	1.62
ORAL SURGERY	11	59		1,644.00	27.86	.034	149.45	.95
DRUGS	4	4		50.00	12.50	.002	12.50	.03
ANESTHESIA	1	1		100.00	100.00	.001	100.00	.06
PERIODONTICS	6	8		672.00	84.00	.005	112.00	.39
ENDODONTICS	6	7		1,827.00	261.00	.004	304.50	1.06
RESTORATIVE DENTISTRY	34	70		4,061.61	58.02	.041	119.46	2.36
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.02

DENTURES, STAYPLATES	21	67	6,692.00	99.88	.039	318.67	3.89
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	9	9	.00	.00	.005	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,454
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	1,722 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	10	25	\$	504.33	\$ 20.17	.015	\$ 50.43	\$.29
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.001	47.45	.03
EYE APPLIANCES	8	24		414.62	17.28	.014	51.83	.24
OTHER OPTOMETRIC SERVICES	1	0		42.26	.00	.000	42.26	.02
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	8	8	\$	63.75	\$ 7.97	.005	\$ 7.97	\$.04
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	8	8		63.75	7.97	.005	7.97	.04
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	127	568	\$	109,655.13	\$ 193.05	.330	\$ 863.43	\$ 63.68
HOSP INPATIENT TOTAL	22	61		101,005.02	1655.82	.035	4591.14	58.66
HSC HOSPITALS	1	17		20,985.33	1234.43	.010	20985.33	12.19
NON-HSC HOSPITAL TOTAL	2	44		36,976.88	840.38	.026	18488.44	21.47
ACCOMMODATIONS	2	44		27,165.60	617.40	.026	13582.80	15.78
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	44		27,165.60	617.40	.026	13582.80	15.78
ANCILLARIES	2	0		9,811.28	.00	.000	4905.64	5.70
INPATIENT CROSSOVERS	19	0		43,042.81	.00	.000	2265.41	25.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	107	507		8,650.11	17.06	.294	80.84	5.02
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	107	507		8,650.11	17.06	.294	80.84	5.02
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,455
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	1,722 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	127		568	\$ 109,655.13	\$ 193.05	.330	\$ 863.43	\$ 63.68
COMM HOSP INPATIENT TOTAL	22		61	101,005.02	1655.82	.035	4591.14	58.66
HSC HOSPITALS	1		17	20,985.33	1234.43	.010	20985.33	12.19
NON-HSC HOSPITALS TOTAL	2		44	36,976.88	840.38	.026	18488.44	21.47
ACCOMMODATIONS	2		44	27,165.60	617.40	.026	13582.80	15.78
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2		44	27,165.60	617.40	.026	13582.80	15.78
ANCILLARIES	2		0	9,811.28	.00	.000	4905.64	5.70
INPATIENT CROSSOVERS	19		0	43,042.81	.00	.000	2265.41	25.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	107		507	8,650.11	17.06	.294	80.84	5.02
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	107	507		8,650.11	17.06	.294	80.84	5.02
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	10	229	\$	38,566.75	168.41	.133	3856.68	22.40
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	10	229		38,566.75	168.41	.133	3856.68	22.40
@INTERMEDIATE CARE FACIL.-DD	3	61	\$	9,970.45	163.45	.035	3323.48	5.79
ICF DDH	3	61		9,970.45	163.45	.035	3323.48	5.79
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	16	21	\$	11,479.38	546.64	.012	717.46	6.67
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	16	21		11,479.38	546.64	.012	717.46	6.67
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	12	35	\$	323.13	9.23	.020	26.93	.19
PATHOLOGY	2	3		105.60	35.20	.002	52.80	.06
XO AND OTHERS	10	32		217.53	6.80	.019	21.75	.13
@ORGANIZED OUTPATIENT CLINIC	98	191	\$	5,215.39	27.31	.111	53.22	3.03
CLINIC	6	78		388.72	4.98	.045	64.79	.23
SURGICENTER	3	3		495.16	165.05	.002	165.05	.29
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	89	110		4,331.51	39.38	.064	48.67	2.52

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,456
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	1,722 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	191		1,498	\$ 77,430.72	\$ 51.69	.870	\$ 405.40	\$ 44.97
DURABLE MED. EQUIP.	2		6	4,955.88	825.98	.003	2477.94	2.88
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7		71	542.66	7.64	.041	77.52	.32
AMBULANCES/AIR TRANS	1		15	156.86	10.46	.009	156.86	.09
OTHER TRANS	2		19	117.16	6.17	.011	58.58	.07
OTHER SERVICES	4		37	268.64	7.26	.021	67.16	.16
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	34		611	42,523.82	69.60	.355	1250.70	24.69
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	47		369	18,170.36	49.24	.214	386.60	10.55
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	24		97	1,230.45	12.69	.056	51.27	.71
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2		3	2.02	.67	.002	1.01	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	43		195	7,883.83	40.43	.113	183.34	4.58

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	51	146	2,121.70	14.53	.085	41.60	1.23
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	\$.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	362	2,114	\$ 83,093.41	\$ 39.31	1.228	\$ 229.54	\$ 48.25

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,457

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

723 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	615	57,707	\$ 311,973.87	\$ 5.41	79.816	\$ 507.27	\$ 431.50
@PHYSICIANS SERVICES	59	168	\$ 2,730.84	\$ 16.26	.232	\$ 46.29	\$ 3.78
OUTPATIENT VISITS	11	17	834.24	49.07	.024	75.84	1.15
OFFICE VISITS	10	15	618.08	41.21	.021	61.81	.85
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	216.16	108.08	.003	108.08	.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	3	109.90	36.63	.004	36.63	.15
HOSPITAL VISITS	3	3	109.90	36.63	.004	36.63	.15
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	4	17.36	4.34	.006	4.34	.02
RADIOLOGY	3	4	30.98	7.75	.006	10.33	.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	51	140	1,738.36	12.42	.194	34.09	2.40
@PHARMACY	491	35,025	\$ 133,647.93	\$ 3.82	48.444	\$ 272.20	\$ 184.85
PRESCRIPTION DRUGS	430	1,829	116,028.41	63.44	2.530	269.83	160.48
SNF/ICF	28	221	15,138.19	68.50	.306	540.65	20.94
OUTPATIENTS	410	1,608	100,890.22	62.74	2.224	246.07	139.54
MEDICAL SUPPLIES	146	33,196	17,619.52	.53	45.914	120.68	24.37
@DENTIST	25	62	\$ 2,320.15	\$ 37.42	.086	\$ 92.81	\$ 3.21
VISITS - DIAGNOSTIC	19	50	693.15	13.86	.069	36.48	.96
ORAL SURGERY	2	3	208.00	69.33	.004	104.00	.29

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	55.00	27.50	.003	27.50	.08
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	3	354.00	118.00	.004	118.00	.49
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	5	1,010.00	202.00	.007	505.00	1.40
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	1CR	.00	.00	.001CR	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,458
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

723 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.004	\$ 53.11	\$.07
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.004	53.11	.07
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	10	\$ 184.33	\$ 18.43	.014	\$ 23.04	\$.25
MEDICINE/INJECTIONS	2	2	69.20	34.60	.003	34.60	.10
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	8	115.13	14.39	.011	19.19	.16
@HOME HEALTH AGENCY	4	11	\$ 719.06	\$ 65.37	.015	\$ 179.77	\$.99
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	37	228	\$ 17,114.73	\$ 75.06	.315	\$ 462.56	\$ 23.67
HOSP INPATIENT TOTAL	8	6	12,461.84	2076.97	.008	1557.73	17.24
HSC HOSPITALS	2	6	7,770.00	1295.00	.008	3885.00	10.75
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	0	4,691.84	.00	.000	781.97	6.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	31	222	4,652.89	20.96	.307	150.09	6.44
MEDICAL	2	2	45.00	22.50	.003	22.50	.06
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	38	286.34	7.54	.053	71.59	.40
RADIOLOGY	3	3	50.74	16.91	.004	16.91	.07
ROOM USE	2	2	89.58	44.79	.003	44.79	.12
CROSSOVERS/ALL OTH OUTPTNT	28	177	4,181.23	23.62	.245	149.33	5.78
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,459
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

723 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	37	228	\$ 17,114.73	\$ 75.06	.315	\$ 462.56	\$ 23.67	
COMM HOSP INPATIENT TOTAL	8	6	12,461.84	2076.97	.008	1557.73	17.24	
HSC HOSPITALS	2	6	7,770.00	1295.00	.008	3885.00	10.75	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	6	0	4,691.84	.00	.000	781.97	6.49	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	31	222	4,652.89	20.96	.307	150.09	6.44	
MEDICAL	2	2	45.00	22.50	.003	22.50	.06	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	4	38	286.34	7.54	.053	71.59	.40	
RADIOLOGY	3	3	50.74	16.91	.004	16.91	.07	
ROOM USE	2	2	89.58	44.79	.003	44.79	.12	
CROSSOVERS/ALL OTH OUTPTNT	28	177	4,181.23	23.62	.245	149.33	5.78	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	15	350	\$ 56,798.78	\$ 162.28	.484	\$ 3786.59	\$ 78.56	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	15	350	56,798.78	162.28	.484	3786.59	78.56	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	24	\$	208.96	\$	8.71	.033	\$	29.85	\$	.29
PATHOLOGY	6	22		191.31		8.70	.030		31.89		.26
XO AND OTHERS	1	2		17.65		8.83	.003		17.65		.02
@ORGANIZED OUTPATIENT CLINIC	23	28	\$	826.56	\$	29.52	.039	\$	35.94	\$	1.14
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	23	28		826.56		29.52	.039		35.94		1.14

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,460
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

723 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	234	21,798	\$ 97,369.42	\$ 4.47	30.149	\$ 416.11	\$ 134.67
DURABLE MED. EQUIP.	7	55	2,516.61	45.76	.076	359.52	3.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	5	125.00	25.00	.007	31.25	.17
MEDICAL TRANSPORTATION	8	58	480.72	8.29	.080	60.09	.66
AMBULANCES/AIR TRANS	2	6	141.94	23.66	.008	70.97	.20
OTHER TRANS	1	7	43.14	6.16	.010	43.14	.06
OTHER SERVICES	5	45	295.64	6.57	.062	59.13	.41
ACUPUNCTURE	1	4	75.69	18.92	.006	75.69	.10
ADULT DAY HEALTH CARE CTR	39	503	34,711.73	69.01	.696	890.04	48.01
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	149	1,087	56,020.44	51.54	1.503	375.98	77.48
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	74.52	12.42	.008	37.26	.10
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	64	20,080	3,364.71	.17	27.773	52.57	4.65
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	129	733	19,615.94	26.76	1.014	152.06	27.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,461
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16	363	\$ 1,881.06	\$ 5.18	15.125	\$ 117.57	\$ 78.38
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	13	352	\$ 706.63	\$ 2.01	14.667	\$ 54.36	\$ 29.44
PRESCRIPTION DRUGS	8	16	164.54	10.28	.667	20.57	6.86

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	8	16	164.54	10.28	.667	20.57	6.86
MEDICAL SUPPLIES	5	336	542.09	1.61	14.000	108.42	22.59
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,462
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,463
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,464
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	11	\$ 1,174.43	\$ 106.77	.458	\$ 234.89	\$ 48.93
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	5	11	1,174.43	106.77	.458	234.89	48.93
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

718 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE 68			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	639	56,244	\$ 503,286.49	\$ 8.95	78.334	\$ 787.62	\$ 700.96
@PHYSICIANS SERVICES	130	513	\$ 14,715.22	\$ 28.68	.714	\$ 113.19	\$ 20.49
OUTPATIENT VISITS	23	30	1,341.21	44.71	.042	58.31	1.87
OFFICE VISITS	15	18	565.85	31.44	.025	37.72	.79
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	9	647.11	71.90	.013	80.89	.90
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	128.25	42.75	.004	64.13	.18
INPATIENT VISITS	8	45	2,662.36	59.16	.063	332.80	3.71
HOSPITAL VISITS	8	44	2,477.02	56.30	.061	309.63	3.45
CRITICAL CARE	1	1	185.34	185.34	.001	185.34	.26
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	38	2,814.15	74.06	.053	703.54	3.92
PRINCIPAL SURGEON	3	6	1,645.50	274.25	.008	548.50	2.29
ASSISTANT SURGEON	1	1	236.04	236.04	.001	236.04	.33
ANESTHESIOLOGIST	1	31	932.61	30.08	.043	932.61	1.30
OUTPATIENT SURGERY	13	42	2,268.40	54.01	.058	174.49	3.16
PRINCIPAL SURGEON	8	9	1,197.10	133.01	.013	149.64	1.67
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	33	1,071.30	32.46	.046	214.26	1.49
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	7	20.75	2.96	.010	5.19	.03

RADIOLOGY	13	29		1,156.37		39.87	.040	88.95	1.61
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	3		5.45		1.82	.004	5.45	.01
OTHER SERVICES/ALL X-OVERS	100	319		4,446.53		13.94	.444	44.47	6.19
@PHARMACY	546	41,880	\$	331,586.90	\$	7.92	58.329	\$ 607.30	\$ 461.82
PRESCRIPTION DRUGS	512	2,375		313,410.22		131.96	3.308	612.13	436.50
SNF/ICF	36	274		77,972.33		284.57	.382	2165.90	108.60
OUTPATIENTS	488	2,101		235,437.89		112.06	2.926	482.45	327.91
MEDICAL SUPPLIES	156	39,505		18,176.68		.46	55.021	116.52	25.32
@DENTIST	45	116	\$	5,352.00	\$	46.14	.162	\$ 118.93	\$ 7.45
VISITS - DIAGNOSTIC	28	60		1,293.00		21.55	.084	46.18	1.80
ORAL SURGERY	6	19		685.75		36.09	.026	114.29	.96
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	2	3		236.00		78.67	.004	118.00	.33
ENDODONTICS	2	2		545.00		272.50	.003	272.50	.76
RESTORATIVE DENTISTRY	10	27		1,587.25		58.79	.038	158.73	2.21
PROSTHETICS	1	1		30.00		30.00	.001	30.00	.04
DENTURES, STAYPLATES	2	3		925.00		308.33	.004	462.50	1.29
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.001	50.00	.07
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	4	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOPO24	FEE-FOR-SERVICE/DENTAL								
MARIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								
				AID CODE 68		PAGE 6,466			
						03/14/05			

718 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3 \$	53.11	\$ 17.70	.004	\$ 53.11	\$.07
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.004	53.11	.07
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	8 \$	108.14	\$ 13.52	.011	\$ 27.04	\$.15
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	8	108.14	13.52	.011	27.04	.15
@HOME HEALTH AGENCY	2	397 \$	11,675.77	\$ 29.41	.553	\$ 5837.89	\$ 16.26
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	102	636 \$	77,832.93	\$ 122.38	.886	\$ 763.07	\$ 108.40
HOSP INPATIENT TOTAL	15	31	62,816.56	2026.34	.043	4187.77	87.49
HSC HOSPITALS	5	30	50,998.00	1699.93	.042	10199.60	71.03
NON-HSC HOSPITAL TOTAL	1	1	611.74	611.74	.001	611.74	.85
ACCOMMODATIONS	1	1	231.30	231.30	.001	231.30	.32
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	231.30	231.30	.001	231.30	.32
ANCILLARIES	1	0	380.44	.00	.000	380.44	.53

INPATIENT CROSSOVERS	9	0	11,206.82	.00	.000	1245.20	15.61
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	91	605	15,016.37	24.82	.843	165.02	20.91
MEDICAL	11	21	1,524.02	72.57	.029	138.55	2.12
SURGERY	6	8	242.71	30.34	.011	40.45	.34
PATHOLOGY	8	50	532.95	10.66	.070	66.62	.74
RADIOLOGY	14	25	2,428.80	97.15	.035	173.49	3.38
ROOM USE	15	18	535.39	29.74	.025	35.69	.75
CROSSOVERS/ALL OTH OUTPTNT	72	483	9,752.50	20.19	.673	135.45	13.58
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,467
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

718 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	102	636	\$ 77,832.93	\$ 122.38	.886	\$ 763.07	\$ 108.40
COMM HOSP INPATIENT TOTAL	15	31	62,816.56	2026.34	.043	4187.77	87.49
HSC HOSPITALS	5	30	50,998.00	1699.93	.042	10199.60	71.03
NON-HSC HOSPITALS TOTAL	1	1	611.74	611.74	.001	611.74	.85
ACCOMMODATIONS	1	1	231.30	231.30	.001	231.30	.32
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	231.30	231.30	.001	231.30	.32
ANCILLARIES	1	0	380.44	.00	.000	380.44	.53
INPATIENT CROSSOVERS	9	0	11,206.82	.00	.000	1245.20	15.61
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	91	605	15,016.37	24.82	.843	165.02	20.91
MEDICAL	11	21	1,524.02	72.57	.029	138.55	2.12
SURGERY	6	8	242.71	30.34	.011	40.45	.34
PATHOLOGY	8	50	532.95	10.66	.070	66.62	.74
RADIOLOGY	14	25	2,428.80	97.15	.035	173.49	3.38
ROOM USE	15	18	535.39	29.74	.025	35.69	.75
CROSSOVERS/ALL OTH OUTPTNT	72	483	9,752.50	20.19	.673	135.45	13.58
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3	26	\$ 4,403.83	\$ 169.38	.036	\$ 1467.94	\$ 6.13
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	3	26		4,403.83		169.38	.036	1467.94	6.13
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	8	25	\$	386.40	\$	15.46	.035	48.30	.54
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	8	25		386.40		15.46	.035	48.30	.54
@LABORATORY FACILITY	13	56	\$	629.35	\$	11.24	.078	48.41	.88
PATHOLOGY	9	44		467.52		10.63	.061	51.95	.65
XO AND OTHERS	5	12		161.83		13.49	.017	32.37	.23
@ORGANIZED OUTPATIENT CLINIC	38	66	\$	2,905.54	\$	44.02	.092	76.46	4.05
CLINIC	5	15		208.42		13.89	.021	41.68	.29
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	34	51		2,697.12		52.88	.071	79.33	3.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
MARIN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								
AID CODE 68									PAGE 6,468
									03/14/05

718 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	170	12,518	\$ 53,637.30	\$ 4.28	17.435	\$ 315.51	\$ 74.70
DURABLE MED. EQUIP.	6	23	8,963.32	389.71	.032	1493.89	12.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	83	1,219.86	14.70	.116	110.90	1.70
AMBULANCES/AIR TRANS	8	54	1,015.09	18.80	.075	126.89	1.41
OTHER TRANS	1	5	35.71	7.14	.007	35.71	.05
OTHER SERVICES	2	24	169.06	7.04	.033	84.53	.24
ACUPUNCTURE	7	17	297.36	17.49	.024	42.48	.41
ADULT DAY HEALTH CARE CTR	15	362	25,187.96	69.58	.504	1679.20	35.08
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	23	65	5,219.87	80.31	.091	226.95	7.27
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	19	265.15	13.96	.026	53.03	.37
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	10	1,323.70	132.37	.014	1323.70	1.84
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	407	5,331.39	13.10	.567	484.67	7.43
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	101	11,532		5,828.69		.51	16.061	57.71	8.12
@CALIF. CHILDREN SERVICES*	34	1,315	\$	62,796.73	\$	47.75	1.831	\$ 1846.96	\$ 87.46
@XOVER EXCLUDING STATE HOSP**	243	9,300	\$	32,968.13	\$	3.54	12.953	\$ 135.67	\$ 45.92

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,469

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

							----- MONTHLY AVERAGE -----		
1,465 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,270	114,314	\$	817,141.42	\$ 7.15	78.030	\$ 643.42	\$ 557.78	
@PHYSICIANS SERVICES	189	681	\$	17,446.06	\$ 25.62	.465	\$ 92.31	\$ 11.91	
OUTPATIENT VISITS	34	47		2,175.45	46.29	.032	63.98	1.48	
OFFICE VISITS	25	33		1,183.93	35.88	.023	47.36	.81	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	10	11		863.27	78.48	.008	86.33	.59	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	2	3		128.25	42.75	.002	64.13	.09	
INPATIENT VISITS	11	48		2,772.26	57.76	.033	252.02	1.89	
HOSPITAL VISITS	11	47		2,586.92	55.04	.032	235.17	1.77	
CRITICAL CARE	1	1		185.34	185.34	.001	185.34	.13	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	4	38		2,814.15	74.06	.026	703.54	1.92	
PRINCIPAL SURGEON	3	6		1,645.50	274.25	.004	548.50	1.12	
ASSISTANT SURGEON	1	1		236.04	236.04	.001	236.04	.16	
ANESTHESIOLOGIST	1	31		932.61	30.08	.021	932.61	.64	
OUTPATIENT SURGERY	13	42		2,268.40	54.01	.029	174.49	1.55	
PRINCIPAL SURGEON	8	9		1,197.10	133.01	.006	149.64	.82	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	5	33		1,071.30	32.46	.023	214.26	.73	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	8	11		38.11	3.46	.008	4.76	.03	
RADIOLOGY	16	33		1,187.35	35.98	.023	74.21	.81	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	1	3		5.45	1.82	.002	5.45	.00	
OTHER SERVICES/ALL X-OVERS	151	459		6,184.89	13.47	.313	40.96	4.22	
@PHARMACY	1,050	77,257	\$	465,941.46	\$ 6.03	52.735	\$ 443.75	\$ 318.05	
PRESCRIPTION DRUGS	950	4,220		429,603.17	101.80	2.881	452.21	293.24	
SNF/ICF	64	495		93,110.52	188.10	.338	1454.85	63.56	
OUTPATIENTS	906	3,725		336,492.65	90.33	2.543	371.40	229.69	
MEDICAL SUPPLIES	307	73,037		36,338.29	.50	49.855	118.37	24.80	
@DENTIST	70	178	\$	7,672.15	\$ 43.10	.122	\$ 109.60	\$ 5.24	
VISITS - DIAGNOSTIC	47	110		1,986.15	18.06	.075	42.26	1.36	
ORAL SURGERY	8	22		893.75	40.63	.015	111.72	.61	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	4	5		291.00	58.20	.003	72.75	.20	
ENDODONTICS	2	2		545.00	272.50	.001	272.50	.37	
RESTORATIVE DENTISTRY	13	30		1,941.25	64.71	.020	149.33	1.33	
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.02	

DENTURES, STAYPLATES	4	8	1,935.00	241.88	.005	483.75	1.32
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.001	50.00	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	1CR	.00	.00	.001CR	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,470
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,465 ELIGIBLES							
@OPTOMETRIST	2	6	\$ 106.22	\$ 17.70	.004	\$ 53.11	\$.07
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	6	106.22	17.70	.004	53.11	.07
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	12	18	\$ 292.47	\$ 16.25	.012	\$ 24.37	\$.20
MEDICINE/INJECTIONS	2	2	69.20	34.60	.001	34.60	.05
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	10	16	223.27	13.95	.011	22.33	.15
@HOME HEALTH AGENCY	6	408	\$ 12,394.83	\$ 30.38	.278	\$ 2065.81	\$ 8.46
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	139	864	\$ 94,947.66	\$ 109.89	.590	\$ 683.08	\$ 64.81
HOSP INPATIENT TOTAL	23	37	75,278.40	2034.55	.025	3272.97	51.38
HSC HOSPITALS	7	36	58,768.00	1632.44	.025	8395.43	40.11

NON-HSC HOSPITAL TOTAL	1	1	611.74	611.74	.001	611.74	.42
ACCOMMODATIONS	1	1	231.30	231.30	.001	231.30	.16
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	231.30	231.30	.001	231.30	.16
ANCILLARIES	1	0	380.44	.00	.000	380.44	.26
INPATIENT CROSSOVERS	15	0	15,898.66	.00	.000	1059.91	10.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	122	827	19,669.26	23.78	.565	161.22	13.43
MEDICAL	13	23	1,569.02	68.22	.016	120.69	1.07
SURGERY	6	8	242.71	30.34	.005	40.45	.17
PATHOLOGY	12	88	819.29	9.31	.060	68.27	.56
RADIOLOGY	17	28	2,479.54	88.56	.019	145.86	1.69
ROOM USE	17	20	624.97	31.25	.014	36.76	.43
CROSSOVERS/ALL OTH OUTPTNT	100	660	13,933.73	21.11	.451	139.34	9.51
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,471
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

1,465 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	139	864	\$ 94,947.66	\$ 109.89	.590 \$ 683.08 \$ 64.81
COMM HOSP INPATIENT TOTAL	23	37	75,278.40	2034.55	.025 3272.97 51.38
HSC HOSPITALS	7	36	58,768.00	1632.44	.025 8395.43 40.11
NON-HSC HOSPITALS TOTAL	1	1	611.74	611.74	.001 611.74 .42
ACCOMMODATIONS	1	1	231.30	231.30	.001 231.30 .16
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	1	1	231.30	231.30	.001 231.30 .16
ANCILLARIES	1	0	380.44	.00	.000 380.44 .26
INPATIENT CROSSOVERS	15	0	15,898.66	.00	.000 1059.91 10.85
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	122	827	19,669.26	23.78	.565 161.22 13.43
MEDICAL	13	23	1,569.02	68.22	.016 120.69 1.07
SURGERY	6	8	242.71	30.34	.005 40.45 .17
PATHOLOGY	12	88	819.29	9.31	.060 68.27 .56
RADIOLOGY	17	28	2,479.54	88.56	.019 145.86 1.69
ROOM USE	17	20	624.97	31.25	.014 36.76 .43

CROSSOVERS/ALL OTH OUTPTNT	100	660		13,933.73	21.11	.451	139.34	9.51
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	18	376	\$	61,202.61	162.77	.257	3400.15	41.78
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	18	376		61,202.61	162.77	.257	3400.15	41.78
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	8	25	\$	386.40	15.46	.017	48.30	.26
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	8	25		386.40	15.46	.017	48.30	.26
@LABORATORY FACILITY	20	80	\$	838.31	10.48	.055	41.92	.57
PATHOLOGY	15	66		658.83	9.98	.045	43.92	.45
XO AND OTHERS	6	14		179.48	12.82	.010	29.91	.12
@ORGANIZED OUTPATIENT CLINIC	61	94	\$	3,732.10	39.70	.064	61.18	2.55
CLINIC	5	15		208.42	13.89	.010	41.68	.14
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	57	79		3,523.68	44.60	.054	61.82	2.41
#CALIF DEPT OF HEALTH SERV								
MOP024								
MARIN COUNTY								

PAGE 6,472
03/14/05

				----- MONTHLY AVERAGE -----				
1,465 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	409	34,327	\$ 152,181.15	\$ 4.43	23.431	\$ 372.08	\$ 103.88	
DURABLE MED. EQUIP.	13	78	11,479.93	147.18	.053	883.07	7.84	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	4	5	125.00	25.00	.003	31.25	.09	
MEDICAL TRANSPORTATION	19	141	1,700.58	12.06	.096	89.50	1.16	
AMBULANCES/AIR TRANS	10	60	1,157.03	19.28	.041	115.70	.79	
OTHER TRANS	2	12	78.85	6.57	.008	39.43	.05	
OTHER SERVICES	7	69	464.70	6.73	.047	66.39	.32	
ACUPUNCTURE	8	21	373.05	17.76	.014	46.63	.25	
ADULT DAY HEALTH CARE CTR	54	865	59,899.69	69.25	.590	1109.25	40.89	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	177	1,163	62,414.74	53.67	.794	352.63	42.60	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	7	25	339.67	13.59	.017	48.52	.23	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	

HOSPICE SERVICES	1	10		1,323.70	132.37	.007	1323.70	.90
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	407		5,331.39	13.10	.278	484.67	3.64
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	165	31,612		9,193.40	.29	21.578	55.72	6.28
@CALIF. CHILDREN SERVICES*	34	1,315	\$	62,796.73	\$ 47.75	.898	\$ 1846.96	\$ 42.86
@XOVER EXCLUDING STATE HOSP**	372	10,033	\$	52,584.07	\$ 5.24	6.848	\$ 141.36	\$ 35.89

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,473
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED		

10,647 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,823	221,184	\$ 4,825,570.80	\$ 21.82	20.774	\$ 616.84	\$ 453.23
@PHYSICIANS SERVICES	1,451	4,115	\$ 71,151.09	\$ 17.29	.386	\$ 49.04	\$ 6.68
OUTPATIENT VISITS	70	102	4,304.62	42.20	.010	61.49	.40
OFFICE VISITS	53	64	2,318.15	36.22	.006	43.74	.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	18	36	1,901.35	52.82	.003	105.63	.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	85.12	42.56	.000	42.56	.01
INPATIENT VISITS	12	14	659.70	47.12	.001	54.98	.06
HOSPITAL VISITS	6	6	301.00	50.17	.001	50.17	.03
CRITICAL CARE	1	1	121.60	121.60	.000	121.60	.01
SNF/ICF/TRANS IP CARE	6	7	237.10	33.87	.001	39.52	.02
OPHTHALMOLOGICAL SERVICES	10	11	471.86	42.90	.001	47.19	.04
EXAMINATIONS	10	11	471.86	42.90	.001	47.19	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	271.41	271.41	.000	271.41	.03
PRINCIPAL SURGEON	1	1	271.41	271.41	.000	271.41	.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	7	7	779.89	111.41	.001	111.41	.07
PRINCIPAL SURGEON	7	7	779.89	111.41	.001	111.41	.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	22	96.94	4.41	.002	12.12	.01
RADIOLOGY	24	35	591.13	16.89	.003	24.63	.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1,374	3,923	63,975.54	16.31	.368	46.56	6.01
@PHARMACY	6,518	139,144	\$ 2,033,352.36	\$ 14.61	13.069	\$ 311.96	\$ 190.98
PRESCRIPTION DRUGS	6,365	23,552	1,963,518.68	83.37	2.212	308.49	184.42
SNF/ICF	393	2,537	184,738.92	72.82	.238	470.07	17.35
OUTPATIENTS	6,033	21,015	1,778,779.76	84.64	1.974	294.84	167.07
MEDICAL SUPPLIES	676	115,592	69,833.68	.60	10.857	103.30	6.56
@DENTIST	568	1,832	\$ 71,117.06	\$ 38.82	.172	\$ 125.21	\$ 6.68
VISITS - DIAGNOSTIC	375	1,169	15,118.78	12.93	.110	40.32	1.42
ORAL SURGERY	58	123	5,804.98	47.19	.012	100.09	.55

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	29	31	2,820.36	90.98	.003	97.25	.26
ENDODONTICS	17	18	3,572.13	198.45	.002	210.13	.34
RESTORATIVE DENTISTRY	124	232	15,342.81	66.13	.022	123.73	1.44
PROSTHETICS	9	9	200.00	22.22	.001	22.22	.02
DENTURES, STAYPLATES	99	249	28,258.00	113.49	.023	285.43	2.65
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	12	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,474
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

10,647 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	82	225	\$ 4,975.10	\$ 22.11	.021	\$ 60.67	\$.47
DIAGNOSTIC AND ANC. PROCED	23	25	904.94	36.20	.002	39.35	.08
EYE APPLIANCES	59	192	3,425.42	17.84	.018	58.06	.32
OTHER OPTOMETRIC SERVICES	13	8	644.74	80.59	.001	49.60	.06
@CHIROPRACTOR	2	3	\$ 32.70	\$ 10.90	.000	\$ 16.35	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	3	32.70	10.90	.000	16.35	.00
@PODIATRIST	104	137	\$ 1,108.44	\$ 8.09	.013	\$ 10.66	\$.10
MEDICINE/INJECTIONS	7	7	232.70	33.24	.001	33.24	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	97	130	875.74	6.74	.012	9.03	.08
@HOME HEALTH AGENCY	11	66	\$ 4,503.82	\$ 68.24	.006	\$ 409.44	\$.42
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	4	12	97.19	8.10	.001	24.30	.01
@TOTAL HOSPITAL	807	3,835	\$ 622,885.99	\$ 162.42	.360	\$ 771.85	\$ 58.50
HOSP INPATIENT TOTAL	112	342	534,419.69	1562.63	.032	4771.60	50.19
HSC HOSPITALS	51	306	401,150.91	1310.95	.029	7865.70	37.68
NON-HSC HOSPITAL TOTAL	8	36	61,600.17	1711.12	.003	7700.02	5.79
ACCOMMODATIONS	8	36	15,833.51	439.82	.003	1979.19	1.49
ADMINISTRATIVE DAYS	1	4	751.17	187.79	.000	751.17	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	32	15,082.34	471.32	.003	1885.29	1.42
ANCILLARIES	8	0	45,766.66	.00	.000	5720.83	4.30
INPATIENT CROSSOVERS	56	0	71,668.61	.00	.000	1279.80	6.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	717	3,493	88,466.30	25.33	.328	123.38	8.31
MEDICAL	18	29	1,048.79	36.17	.003	58.27	.10
SURGERY	3	3	74.35	24.78	.000	24.78	.01
PATHOLOGY	19	84	1,028.12	12.24	.008	54.11	.10
RADIOLOGY	19	28	1,729.16	61.76	.003	91.01	.16
ROOM USE	28	49	1,665.36	33.99	.005	59.48	.16
CROSSOVERS/ALL OTH OUTPTNT	677	3,300	82,920.52	25.13	.310	122.48	7.79
@COUNTY HOSPITAL TOTAL	1	5	\$ 201.98	\$ 40.40	.000	\$ 201.98	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	5	201.98	40.40	.000	201.98	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	5	201.98	40.40	.000	201.98	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,475

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
10,647 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	806	3,830	\$ 622,684.01	\$ 162.58	.360	\$ 772.56	\$ 58.48	
COMM HOSP INPATIENT TOTAL	112	342	534,419.69	1562.63	.032	4771.60	50.19	
HSC HOSPITALS	51	306	401,150.91	1310.95	.029	7865.70	37.68	
NON-HSC HOSPITALS TOTAL	8	36	61,600.17	1711.12	.003	7700.02	5.79	
ACCOMMODATIONS	8	36	15,833.51	439.82	.003	1979.19	1.49	
ADMINISTRATIVE DAYS	1	4	751.17	187.79	.000	751.17	.07	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	8	32	15,082.34	471.32	.003	1885.29	1.42	
ANCILLARIES	8	0	45,766.66	.00	.000	5720.83	4.30	
INPATIENT CROSSOVERS	56	0	71,668.61	.00	.000	1279.80	6.73	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	716	3,488		88,264.32	25.31	.328	123.27	8.29
MEDICAL	18	29		1,048.79	36.17	.003	58.27	.10
SURGERY	3	3		74.35	24.78	.000	24.78	.01
PATHOLOGY	19	84		1,028.12	12.24	.008	54.11	.10
RADIOLOGY	19	28		1,729.16	61.76	.003	91.01	.16
ROOM USE	28	49		1,665.36	33.99	.005	59.48	.16
CROSSOVERS/ALL OTH OUTPTNT	676	3,295		82,718.54	25.10	.309	122.36	7.77
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	320	8,913	\$	1,433,916.43	\$ 160.88	.837	\$ 4480.99	\$ 134.68
LEV A-INTERMEDIATE	1	81		7,252.74	89.54	.008	7252.74	.68
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	366		202,335.57	552.83	.034	16861.30	19.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	312	8,466		1,224,328.12	144.62	.795	3924.13	114.99
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	60	73	\$	37,003.17	\$ 506.89	.007	\$ 616.72	\$ 3.48
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	60	73		37,003.17	506.89	.007	616.72	3.48
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	67	229	\$	2,127.37	\$ 9.29	.022	\$ 31.75	\$.20
PATHOLOGY	26	121		904.65	7.48	.011	34.79	.08
XO AND OTHERS	41	108		1,222.72	11.32	.010	29.82	.11
@ORGANIZED OUTPATIENT CLINIC	713	911	\$	39,451.59	\$ 43.31	.086	\$ 55.33	\$ 3.71
CLINIC	4	5		145.93	29.19	.000	36.48	.01
SURGICENTER	29	30		4,934.71	164.49	.003	170.16	.46
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	683	876		34,370.95	39.24	.082	50.32	3.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,476
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED							

		----- MONTHLY AVERAGE -----						
10,647 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,411	61,689	\$ 503,848.49	\$ 8.17	5.794	\$ 357.09	\$ 47.32	
DURABLE MED. EQUIP.	31	93	7,699.50	82.79	.009	248.37	.72	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	64	84	9,917.03	118.06	.008	154.95	.93	
MEDICAL TRANSPORTATION	43	368	3,202.46	8.70	.035	74.48	.30	
AMBULANCES/AIR TRANS	18	178	2,123.17	11.93	.017	117.95	.20	
OTHER TRANS	9	46	328.91	7.15	.004	36.55	.03	
OTHER SERVICES	17	144	750.38	5.21	.014	44.14	.07	
ACUPUNCTURE	36	138	2,427.55	17.59	.013	67.43	.23	
ADULT DAY HEALTH CARE CTR	196	3,189	219,630.38	68.87	.300	1120.56	20.63	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	515	2,892	167,137.09	57.79	.272	324.54	15.70	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	179	656	8,572.21	13.07	.062	47.89	.81	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	13	20	174.12	8.71	.002	13.39	.02
PROSTHETIST/ORTHOTISTS	4	5	229.74	45.95	.000	57.44	.02
PROSTHETICS	4	5	229.74	45.95	.000	57.44	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	9	61.17	6.80	.001	61.17	.01
SPEECH AND AUDIOLOGY	17	31	5,400.29	174.20	.003	317.66	.51
HOSPICE SERVICES	15	418	57,076.73	136.55	.039	3805.12	5.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	538	53,786	22,320.22	.41	5.052	41.49	2.10
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	2,336	13,577	340,768.29	25.10	1.275	145.88	32.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,477
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

936 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	709	37,438	\$ 646,383.16	\$ 17.27	39.998	\$ 911.68	\$ 690.58
@PHYSICIANS SERVICES	129	369	\$ 7,209.53	\$ 19.54	.394	\$ 55.89	\$ 7.70
OUTPATIENT VISITS	32	39	1,533.03	39.31	.042	47.91	1.64
OFFICE VISITS	21	24	771.29	32.14	.026	36.73	.82
HOME VISITS	4	5	161.50	32.30	.005	40.38	.17
EMERGENCY ROOM	10	10	600.24	60.02	.011	60.02	.64
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	8	37	2,010.79	54.35	.040	251.35	2.15
HOSPITAL VISITS	4	27	1,699.03	62.93	.029	424.76	1.82
CRITICAL CARE	1	1	64.26	64.26	.001	64.26	.07
SNF/ICF/TRANS IP CARE	3	9	247.50	27.50	.010	82.50	.26
OPHTHALMOLOGICAL SERVICES	6	9	347.59	38.62	.010	57.93	.37
EXAMINATIONS	6	9	347.59	38.62	.010	57.93	.37
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	59.20	59.20	.001	59.20	.06
PRINCIPAL SURGEON	1	1	59.20	59.20	.001	59.20	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	9	332.64	36.96	.010	83.16	.36
PRINCIPAL SURGEON	3	4	135.93	33.98	.004	45.31	.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	5	196.71	39.34	.005	98.36	.21
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	20	83.29	4.16	.021	27.76	.09
RADIOLOGY	7	12	115.06	9.59	.013	16.44	.12
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	5	27.25	5.45	.005	9.08	.03
OTHER SERVICES/ALL X-OVERS	82	237	2,700.68	11.40	.253	32.94	2.89
@PHARMACY	577	17,519	\$ 214,364.39	\$ 12.24	18.717	\$ 371.52	\$ 229.02
PRESCRIPTION DRUGS	553	2,120	200,345.27	94.50	2.265	362.29	214.04

SNF/ICF	19	222		12,031.28	54.19	.237	633.23	12.85
OUTPATIENTS	536	1,898		188,313.99	99.22	2.028	351.33	201.19
MEDICAL SUPPLIES	117	15,399		14,019.12	.91	16.452	119.82	14.98
@DENTIST	40	157	\$	7,126.75	\$ 45.39	.168	\$ 178.17	\$ 7.61
VISITS - DIAGNOSTIC	25	94		1,332.75	14.18	.100	53.31	1.42
ORAL SURGERY	6	34		1,430.00	42.06	.036	238.33	1.53
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.001	100.00	.11
PERIODONTICS	3	3		518.00	172.67	.003	172.67	.55
ENDODONTICS	2	2		475.00	237.50	.002	237.50	.51
RESTORATIVE DENTISTRY	10	17		1,191.00	70.06	.018	119.10	1.27
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	6		2,080.00	346.67	.006	693.33	2.22
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,478
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

936 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	16	\$ 577.24	\$ 36.08	.017	\$ 144.31	\$.62
DIAGNOSTIC AND ANC. PROCED	3	3	162.00	54.00	.003	54.00	.17
EYE APPLIANCES	3	13	415.24	31.94	.014	138.41	.44
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	11	\$ 37.95	\$ 3.45	.012	\$ 4.22	\$.04
MEDICINE/INJECTIONS	1	1	24.00	24.00	.001	24.00	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	8	10	13.95	1.40	.011	1.74	.01
@HOME HEALTH AGENCY	7	1,768	\$ 52,633.12	\$ 29.77	1.889	\$ 7519.02	\$ 56.23
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	75	259	\$ 29,089.06	\$ 112.31	.277	\$ 387.85	\$ 31.08
HOSP INPATIENT TOTAL	8	8	23,202.71	2900.34	.009	2900.34	24.79
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	8	18,054.71	2256.84	.009	9027.36	19.29
ACCOMMODATIONS	2	8	5,370.00	671.25	.009	2685.00	5.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	5,370.00	671.25	.009	2685.00	5.74
ANCILLARIES	2	0	12,684.71	.00	.000	6342.36	13.55
INPATIENT CROSSOVERS	6	0	5,148.00	.00	.000	858.00	5.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	69	251	5,886.35	23.45	.268	85.31	6.29
MEDICAL	12	14	653.17	46.66	.015	54.43	.70
SURGERY	2	2	50.20	25.10	.002	25.10	.05
PATHOLOGY	16	61	908.77	14.90	.065	56.80	.97

RADIOLOGY	5	5	372.23	74.45	.005	74.45	.40
ROOM USE	18	23	957.98	41.65	.025	53.22	1.02
CROSSOVERS/ALL OTH OUTPTNT	46	146	2,944.00	20.16	.156	64.00	3.15
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,479
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

936 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	75	259	\$ 29,089.06	\$ 112.31	.277	\$ 387.85	\$ 31.08
COMM HOSP INPATIENT TOTAL	8	8	23,202.71	2900.34	.009	2900.34	24.79
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	8	18,054.71	2256.84	.009	9027.36	19.29
ACCOMMODATIONS	2	8	5,370.00	671.25	.009	2685.00	5.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	5,370.00	671.25	.009	2685.00	5.74
ANCILLARIES	2	0	12,684.71	.00	.000	6342.36	13.55
INPATIENT CROSSOVERS	6	0	5,148.00	.00	.000	858.00	5.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	69	251	5,886.35	23.45	.268	85.31	6.29
MEDICAL	12	14	653.17	46.66	.015	54.43	.70
SURGERY	2	2	50.20	25.10	.002	25.10	.05
PATHOLOGY	16	61	908.77	14.90	.065	56.80	.97
RADIOLOGY	5	5	372.23	74.45	.005	74.45	.40
ROOM USE	18	23	957.98	41.65	.025	53.22	1.02
CROSSOVERS/ALL OTH OUTPTNT	46	146	2,944.00	20.16	.156	64.00	3.15
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	23	532	\$ 78,879.32	\$ 148.27	.568	\$ 3429.54	\$ 84.27
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	23	532	78,879.32	148.27	.568	3429.54	84.27
@INTERMEDIATE CARE FACIL.-DD	12	364	\$ 61,951.96	\$ 170.20	.389	\$ 5162.66	\$ 66.19

ICF DDH	12	364		61,951.96	170.20	.389	5162.66	66.19
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	14	\$	7,342.64	\$ 524.47	.015	\$ 734.26	\$ 7.84
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	14		7,342.64	524.47	.015	734.26	7.84
@REHABILITATION FACILITY	16	144	\$	2,123.53	\$ 14.75	.154	\$ 132.72	\$ 2.27
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	16	144		2,123.53	14.75	.154	132.72	2.27
@LABORATORY FACILITY	15	42	\$	621.94	\$ 14.81	.045	\$ 41.46	\$.66
PATHOLOGY	15	42		621.94	14.81	.045	41.46	.66
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	37	53	\$	2,855.83	\$ 53.88	.057	\$ 77.18	\$ 3.05
CLINIC	8	18		343.95	19.11	.019	42.99	.37
SURGICENTER	2	2		349.84	174.92	.002	174.92	.37
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	27	33		2,162.04	65.52	.035	80.08	2.31

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,480
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

936 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	198	16,190	\$ 181,569.90	\$ 11.21	17.297	\$ 917.02	\$ 193.98
DURABLE MED. EQUIP.	32	130	17,023.86	130.95	.139	532.00	18.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	16	2,827.84	176.74	.017	235.65	3.02
MEDICAL TRANSPORTATION	10	159	1,446.98	9.10	.170	144.70	1.55
AMBULANCES/AIR TRANS	6	122	1,147.18	9.40	.130	191.20	1.23
OTHER TRANS	1	3	33.11	11.04	.003	33.11	.04
OTHER SERVICES	3	34	266.69	7.84	.036	88.90	.28
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	15	337	21,038.05	62.43	.360	1402.54	22.48
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	40	2,072	65,138.68	31.44	2.214	1628.47	69.59
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	22	1,410.83	64.13	.024	235.14	1.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	60.68	15.17	.004	30.34	.06
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	62.76	20.92	.003	62.76	.07
SPEECH AND AUDIOLOGY	24	98	3,624.84	36.99	.105	151.04	3.87
HOSPICE SERVICES	3	92	16,730.48	181.85	.098	5576.83	17.87
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	41	3,493	48,585.99	13.91	3.732	1185.02	51.91
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	48	9,764	3,618.91	.37	10.432	75.39	3.87
@CALIF. CHILDREN SERVICES*	49	416	\$ 60,188.43	\$ 144.68	.444	\$ 1228.34	\$ 64.30
@XOVER EXCLUDING STATE HOSP**	142	544	\$ 24,233.29	\$ 44.55	.581	\$ 170.66	\$ 25.89

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,481
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

35,803 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	27,856	831,673	\$ 25,684,137.46	\$ 30.88	23.229	\$ 922.03	\$ 717.37
@PHYSICIANS SERVICES	7,141	21,578	\$ 839,041.52	\$ 38.88	.603	\$ 117.50	\$ 23.43
OUTPATIENT VISITS	3,238	4,717	199,978.19	42.40	.132	61.76	5.59
OFFICE VISITS	1,907	2,688	83,305.23	30.99	.075	43.68	2.33
HOME VISITS	61	67	2,529.80	37.76	.002	41.47	.07
EMERGENCY ROOM	1,387	1,781	109,216.07	61.32	.050	78.74	3.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	120.00	120.00	.000	120.00	.00
OTHER OUTPATIENT	140	180	4,807.09	26.71	.005	34.34	.13
INPATIENT VISITS	786	2,706	132,256.69	48.88	.076	168.27	3.69
HOSPITAL VISITS	562	2,158	98,025.05	45.42	.060	174.42	2.74
CRITICAL CARE	66	196	22,588.32	115.25	.005	342.25	.63
SNF/ICF/TRANS IP CARE	224	352	11,643.32	33.08	.010	51.98	.33
OPHTHALMOLOGICAL SERVICES	170	199	8,285.98	41.64	.006	48.74	.23
EXAMINATIONS	170	199	8,285.98	41.64	.006	48.74	.23
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	188	1,033	94,593.16	91.57	.029	503.16	2.64
PRINCIPAL SURGEON	136	226	74,306.60	328.79	.006	546.37	2.08
ASSISTANT SURGEON	18	18	2,800.59	155.59	.001	155.59	.08
ANESTHESIOLOGIST	63	789	17,485.97	22.16	.022	277.56	.49
OUTPATIENT SURGERY	522	1,435	86,152.48	60.04	.040	165.04	2.41
PRINCIPAL SURGEON	394	570	64,580.01	113.30	.016	163.91	1.80
ASSISTANT SURGEON	2	2	339.67	169.84	.000	169.84	.01
ANESTHESIOLOGIST	145	863	21,232.80	24.60	.024	146.43	.59
DIALYSIS	32	95	10,297.06	108.39	.003	321.78	.29
PATHOLOGY	280	1,036	8,573.24	8.28	.029	30.62	.24

RADIOLOGY	1,483	2,796		121,072.82		43.30	.078	81.64	3.38
PSYCHIATRY	2	2		65.96		32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	76	418		27,399.39		65.55	.012	360.52	.77
OTHER SERVICES/ALL X-OVERS	2,993	7,141		150,366.55		21.06	.199	50.24	4.20
@PHARMACY	22,797	441,619	\$	15,512,287.55	\$	35.13	12.335	\$ 680.45	\$ 433.27
PRESCRIPTION DRUGS	22,442	100,292		12,327,256.73		122.91	2.801	549.29	344.31
SNF/ICF	1,409	9,945		1,285,692.17		129.28	.278	912.49	35.91
OUTPATIENTS	21,324	90,347		11,041,564.56		122.21	2.523	517.80	308.40
MEDICAL SUPPLIES	1,775	341,327		3,185,030.82		9.33	9.533	1794.38	88.96
@DENTIST	2,436	7,967	\$	294,156.47	\$	36.92	.223	\$ 120.75	\$ 8.22
VISITS - DIAGNOSTIC	1,698	5,018		76,744.43		15.29	.140	45.20	2.14
ORAL SURGERY	283	698		33,038.96		47.33	.019	116.75	.92
DRUGS	13	13		75.00		5.77	.000	5.77	.00
ANESTHESIA	6	7		775.00		110.71	.000	129.17	.02
PERIODONTICS	189	215		23,378.24		108.74	.006	123.69	.65
ENDODONTICS	104	145		26,405.50		182.11	.004	253.90	.74
RESTORATIVE DENTISTRY	668	1,378		76,513.26		55.52	.038	114.54	2.14
PROSTHETICS	31	32		932.50		29.14	.001	30.08	.03
DENTURES, STAYPLATES	176	404		56,137.33		138.95	.011	318.96	1.57
SPACE MAINTAINERS	1	2		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2		50.00		25.00	.000	25.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		35.00		35.00	.000	35.00	.00
ALL OTHER SERVICES	51	52		71.25		1.37	.001	1.40	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,482
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

35,803 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	297	757	\$ 19,148.85	\$ 25.30	.021	\$ 64.47	\$.53
DIAGNOSTIC AND ANC. PROCED	184	198	8,227.52	41.55	.006	44.71	.23
EYE APPLIANCES	177	542	9,997.61	18.45	.015	56.48	.28
OTHER OPTOMETRIC SERVICES	17	17	923.72	54.34	.000	54.34	.03
@CHIROPRACTOR	17	44	\$ 668.94	\$ 15.20	.001	\$ 39.35	\$.02
VISITS	13	39	597.74	15.33	.001	45.98	.02
OTHER SERVICES	4	5	71.20	14.24	.000	17.80	.00
@PODIATRIST	336	436	\$ 8,790.41	\$ 20.16	.012	\$ 26.16	\$.25
MEDICINE/INJECTIONS	213	239	6,462.30	27.04	.007	30.34	.18
SURGERY/ANES.	9	10	230.14	23.01	.000	25.57	.01
RADIO./PATHOLOGY	4	5	86.50	17.30	.000	21.63	.00
OTHER	122	182	2,011.47	11.05	.005	16.49	.06
@HOME HEALTH AGENCY	127	1,220	\$ 64,724.90	\$ 53.05	.034	\$ 509.64	\$ 1.81
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	2	2	\$ 80.00	\$ 40.00	.000	\$ 40.00	.00
FAMILY NURSE PRACTITIONER	12	31	\$ 409.38	\$ 13.21	.001	\$ 34.12	\$.01
@TOTAL HOSPITAL	4,855	25,464	\$ 4,092,387.63	\$ 160.71	.711	\$ 842.92	\$ 114.30
HOSP INPATIENT TOTAL	524	2,058	3,204,759.60	1557.22	.057	6115.95	89.51
HSC HOSPITALS	318	1,712	2,655,482.10	1551.10	.048	8350.57	74.17
NON-HSC HOSPITAL TOTAL	79	346	373,195.90	1078.60	.010	4724.00	10.42
ACCOMMODATIONS	77	346	137,081.30	396.19	.010	1780.28	3.83
ADMINISTRATIVE DAYS	7	9	2,081.70	231.30	.000	297.39	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	71	337	134,999.60	400.59	.009	1901.40	3.77
ANCILLARIES	77	0	236,114.60	.00	.000	3066.42	6.59

INPATIENT CROSSOVERS	156	0	176,081.60	.00	.000	1128.73	4.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,521	23,406	887,628.03	37.92	.654	196.33	24.79
MEDICAL	1,175	1,936	81,245.99	41.97	.054	69.15	2.27
SURGERY	330	467	21,631.18	46.32	.013	65.55	.60
PATHOLOGY	1,302	6,798	88,084.86	12.96	.190	67.65	2.46
RADIOLOGY	1,219	2,149	214,729.99	99.92	.060	176.15	6.00
ROOM USE	1,902	2,682	106,666.74	39.77	.075	56.08	2.98
CROSSOVERS/ALL OTH OUTPTNT	2,322	9,374	375,269.27	40.03	.262	161.61	10.48
@COUNTY HOSPITAL TOTAL	110	506	\$ 71,455.99	\$ 141.22	.014	\$ 649.60	\$ 2.00
CO HOSPITAL INPATIENT TOTAL	12	61	60,501.39	991.83	.002	5041.78	1.69
HSC HOSPITALS	11	52	56,866.50	1093.59	.001	5169.68	1.59
NON-HSC HOSPITALS TOTAL	3	9	3,634.89	403.88	.000	1211.63	.10
ACCOMMODATIONS	3	9	2,081.70	231.30	.000	693.90	.06
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	2,081.70	231.30	.000	693.90	.06
ANCILLARIES	2	0	1,553.19	.00	.000	776.60	.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	103	445	10,954.60	24.62	.012	106.36	.31
MEDICAL	46	54	1,736.40	32.16	.002	37.75	.05
SURGERY	8	10	325.18	32.52	.000	40.65	.01
PATHOLOGY	34	193	2,636.22	13.66	.005	77.54	.07
RADIOLOGY	21	41	2,189.81	53.41	.001	104.28	.06
ROOM USE	62	74	2,908.60	39.31	.002	46.91	.08
CROSSOVERS/ALL OTH OUTPTNT	31	73	1,158.39	15.87	.002	37.37	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,483
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED 03/14/05

					----- MONTHLY AVERAGE -----			
35,803 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	4,770	24,958	\$ 4,020,931.64	\$ 161.11	.697	\$ 842.96	\$ 112.31	
COMM HOSP INPATIENT TOTAL	514	1,997	3,144,258.21	1574.49	.056	6117.23	87.82	
HSC HOSPITALS	308	1,660	2,598,615.60	1565.43	.046	8437.06	72.58	
NON-HSC HOSPITALS TOTAL	76	337	369,561.01	1096.62	.009	4862.64	10.32	
ACCOMMODATIONS	74	337	134,999.60	400.59	.009	1824.32	3.77	
ADMINISTRATIVE DAYS	7	9	2,081.70	231.30	.000	297.39	.06	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	68	328	132,917.90	405.24	.009	1954.68	3.71	
ANCILLARIES	75	0	234,561.41	.00	.000	3127.49	6.55	
INPATIENT CROSSOVERS	156	0	176,081.60	.00	.000	1128.73	4.92	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	4,440	22,961	876,673.43	38.18	.641	197.45	24.49	
MEDICAL	1,131	1,882	79,509.59	42.25	.053	70.30	2.22	
SURGERY	322	457	21,306.00	46.62	.013	66.17	.60	
PATHOLOGY	1,272	6,605	85,448.64	12.94	.184	67.18	2.39	
RADIOLOGY	1,200	2,108	212,540.18	100.83	.059	177.12	5.94	
ROOM USE	1,851	2,608	103,758.14	39.78	.073	56.06	2.90	
CROSSOVERS/ALL OTH OUTPTNT	2,296	9,301	374,110.88	40.22	.260	162.94	10.45	
@STATE HOSPITAL	6	158	\$ 110,643.13	\$ 700.27	.004	\$ 18440.52	\$ 3.09	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	6	158	110,643.13	700.27	.004	18440.52	3.09	
@NURSING FACILITY	383	10,438	\$ 1,528,476.20	\$ 146.43	.292	\$ 3990.80	\$ 42.69	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	58	1,827		249,594.34		136.61	.051	4303.35	6.97
LEV B-SUBACUTE FREESTANDING	3	49		30,080.61		613.89	.001	10026.87	.84
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	322	8,562		1,248,801.25		145.85	.239	3878.26	34.88
@INTERMEDIATE CARE FACIL.-DD	220	7,449	\$	1,256,755.16	\$	168.71	.208	\$ 5712.52	\$ 35.10
ICF DDH	220	7,449		1,255,146.08		168.50	.208	5705.21	35.06
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		1,609.08		.00	.000	.00	.04
@HEMODIALYSIS TOTAL	145	2,949	\$	166,206.91	\$	56.36	.082	\$ 1146.25	\$ 4.64
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	145	2,949		166,206.91		56.36	.082	1146.25	4.64
@REHABILITATION FACILITY	84	1,048	\$	15,441.00	\$	14.73	.029	\$ 183.82	\$.43
HOSPITAL BASED	9	36		1,174.55		32.63	.001	130.51	.03
INDEPENDENT FACILITY	75	1,012		14,266.45		14.10	.028	190.22	.40
@LABORATORY FACILITY	2,303	15,012	\$	134,968.86	\$	8.99	.419	\$ 58.61	\$ 3.77
PATHOLOGY	2,212	14,776		128,668.10		8.71	.413	58.17	3.59
XO AND OTHERS	106	236		6,300.76		26.70	.007	59.44	.18
@ORGANIZED OUTPATIENT CLINIC	4,245	6,949	\$	595,077.43	\$	85.63	.194	\$ 140.18	\$ 16.62
CLINIC	548	1,496		36,270.18		24.24	.042	66.19	1.01
SURGICENTER	8	11		1,588.16		144.38	.000	198.52	.04
HEROIN DETOX CLINIC	16	199		2,312.72		11.62	.006	144.55	.06
RURAL HEALTH CLINIC	3,762	5,243		554,906.37		105.84	.146	147.50	15.50
#CALIF DEPT OF HEALTH SERV									
MOP024									
MARIN COUNTY									

PAGE 6,484
03/14/05

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

						----- MONTHLY AVERAGE -----		
35,803 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	4,005	288,552	\$ 1,044,873.12	\$ 3.62	8.059	\$ 260.89	\$ 29.18	
DURABLE MED. EQUIP.	353	1,715	175,516.04	102.34	.048	497.21	4.90	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	61	161	11,770.14	73.11	.004	192.95	.33	
MEDICAL TRANSPORTATION	572	5,475	85,769.49	15.67	.153	149.95	2.40	
AMBULANCES/AIR TRANS	510	5,104	79,079.99	15.49	.143	155.06	2.21	
OTHER TRANS	29	262	1,013.61	3.87	.007	34.95	.03	
OTHER SERVICES	48	109	5,675.89	52.07	.003	118.25	.16	
ACUPUNCTURE	124	413	7,031.83	17.03	.012	56.71	.20	
ADULT DAY HEALTH CARE CTR	161	1,991	137,953.07	69.29	.056	856.85	3.85	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	263	3,373	143,443.86	42.53	.094	545.41	4.01	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	465	1,701	20,647.78	12.14	.048	44.40	.58	
PHYSICAL THERAPIST	3	15	223.20	14.88	.000	74.40	.01	
PORTABLE X-RAY	37	83	1,683.46	20.28	.002	45.50	.05	
PROSTHETIST/ORTHOTISTS	44	210	31,095.16	148.07	.006	706.71	.87	
PROSTHETICS	44	210	31,095.16	148.07	.006	706.71	.87	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	11	21	468.14	22.29	.001	42.56	.01	
SPEECH AND AUDIOLOGY	716	3,264	129,065.42	39.54	.091	180.26	3.60	
HOSPICE SERVICES	17	438	59,968.74	136.91	.012	3527.57	1.67	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	412	13,552	145,802.25	10.76	.379	353.89	4.07	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	1,054	256,139		94,329.54		.37	7.154	89.50	2.63
@CALIF. CHILDREN SERVICES*	335	9,554	\$	3,341,907.26	\$	349.79	.267	\$ 9975.84	\$ 93.34
@XOVER EXCLUDING STATE HOSP**	3,646	41,863	\$	560,937.35	\$	13.40	1.169	\$ 153.85	\$ 15.67

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,485

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
22,870 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	10,978	46,879	\$ 2,731,978.84	\$ 58.28	2.050	\$ 248.86	\$ 119.46	
@PHYSICIANS SERVICES	3,370	7,726	\$ 324,454.30	\$ 42.00	.338	\$ 96.28	\$ 14.19	
OUTPATIENT VISITS	2,518	3,202	126,862.86	39.62	.140	50.38	5.55	
OFFICE VISITS	1,316	1,678	52,164.99	31.09	.073	39.64	2.28	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1,249	1,438	70,012.74	48.69	.063	56.06	3.06	
PREVENTIVE CARE	8	9	397.75	44.19	.000	49.72	.02	
OB VISITS/COMPRE PERI	18	23	2,395.88	104.17	.001	133.10	.10	
OTHER OUTPATIENT	49	54	1,891.50	35.03	.002	38.60	.08	
INPATIENT VISITS	87	263	13,439.86	51.10	.011	154.48	.59	
HOSPITAL VISITS	84	242	11,975.13	49.48	.011	142.56	.52	
CRITICAL CARE	8	21	1,464.73	69.75	.001	183.09	.06	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	95	114	4,856.43	42.60	.005	51.12	.21	
EXAMINATIONS	95	114	4,856.43	42.60	.005	51.12	.21	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	103	799	41,644.53	52.12	.035	404.32	1.82	
PRINCIPAL SURGEON	61	78	29,915.15	383.53	.003	490.41	1.31	
ASSISTANT SURGEON	5	5	952.63	190.53	.000	190.53	.04	
ANESTHESIOLOGIST	47	716	10,776.75	15.05	.031	229.29	.47	

OUTPATIENT SURGERY	342	724		57,539.51	79.47	.032	168.24	2.52
PRINCIPAL SURGEON	301	394		48,764.18	123.77	.017	162.01	2.13
ASSISTANT SURGEON	2	2		234.96	117.48	.000	117.48	.01
ANESTHESIOLOGIST	60	328		8,540.37	26.04	.014	142.34	.37
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	251	734		4,434.09	6.04	.032	17.67	.19
RADIOLOGY	725	1,009		35,414.54	35.10	.044	48.85	1.55
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	30	256		25,339.26	98.98	.011	844.64	1.11
OTHER SERVICES/ALL X-OVERS	364	625		14,923.22	23.88	.027	41.00	.65
@PHARMACY	4,653	10,633	\$	667,558.43	62.78	.465	143.47	29.19
PRESCRIPTION DRUGS	4,629	10,109		653,137.36	64.61	.442	141.10	28.56
SNF/ICF	6	18		11,032.56	612.92	.001	1838.76	.48
OUTPATIENTS	4,626	10,091		642,104.80	63.63	.441	138.80	28.08
MEDICAL SUPPLIES	140	524		14,421.07	27.52	.023	103.01	.63
@DENTIST	1,506	5,643	\$	160,289.35	28.40	.247	106.43	7.01
VISITS - DIAGNOSTIC	1,158	4,038		66,644.50	16.50	.177	57.55	2.91
ORAL SURGERY	167	297		16,150.50	54.38	.013	96.71	.71
DRUGS	46	58		1,218.75	21.01	.003	26.49	.05
ANESTHESIA	6	6		400.00	66.67	.000	66.67	.02
PERIODONTICS	17	18		1,646.06	91.45	.001	96.83	.07
ENDODONTICS	88	123		15,897.50	129.25	.005	180.65	.70
RESTORATIVE DENTISTRY	432	974		49,225.54	50.54	.043	113.95	2.15
PROSTHETICS	5	5		190.00	38.00	.000	38.00	.01
DENTURES, STAYPLATES	13	40		3,939.00	98.48	.002	303.00	.17
SPACE MAINTAINERS	8	10		1,000.00	100.00	.000	125.00	.04
MAXILLOFACIAL SERVICES	6	6		282.50	47.08	.000	47.08	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	34	38		3,320.00	87.37	.002	97.65	.15
ALL OTHER SERVICES	24	30		375.00	12.50	.001	15.63	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,486	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
MARIN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES							

----- MONTHLY AVERAGE -----								
22,870 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	164	406	\$ 9,898.66	\$ 24.38	.018	\$ 60.36	\$.43	
DIAGNOSTIC AND ANC. PROCED	132	146	5,948.56	40.74	.006	45.06	.26	
EYE APPLIANCES	90	259	3,926.10	15.16	.011	43.62	.17	
OTHER OPTOMETRIC SERVICES	1	1	24.00	24.00	.000	24.00	.00	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	13	21	\$ 658.55	\$ 31.36	.001	\$ 50.66	\$.03	
MEDICINE/INJECTIONS	11	14	445.82	31.84	.001	40.53	.02	
SURGERY/ANES.	2	5	171.21	34.24	.000	85.61	.01	
RADIO./PATHOLOGY	1	2	41.52	20.76	.000	41.52	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	41	67	\$ 3,999.85	\$ 59.70	.003	\$ 97.56	\$.17	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	3	4	\$ 96.00	\$ 24.00	.000	\$ 32.00	\$.00	
@TOTAL HOSPITAL	2,072	7,373	\$ 911,158.85	\$ 123.58	.322	\$ 439.75	\$ 39.84	
HOSP INPATIENT TOTAL	133	423	709,826.42	1678.08	.018	5337.04	31.04	
HSC HOSPITALS	123	385	638,044.25	1657.26	.017	5187.35	27.90	

NON-HSC HOSPITAL TOTAL	11	38	71,782.17	1889.00	.002	6525.65	3.14
ACCOMMODATIONS	11	38	23,318.64	613.65	.002	2119.88	1.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	38	23,318.64	613.65	.002	2119.88	1.02
ANCILLARIES	11	0	48,463.53	.00	.000	4405.78	2.12
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,001	6,950	201,332.43	28.97	.304	100.62	8.80
MEDICAL	435	712	27,188.93	38.19	.031	62.50	1.19
SURGERY	166	208	9,928.45	47.73	.009	59.81	.43
PATHOLOGY	560	2,083	23,532.31	11.30	.091	42.02	1.03
RADIOLOGY	569	730	43,158.41	59.12	.032	75.85	1.89
ROOM USE	1,487	1,816	70,660.67	38.91	.079	47.52	3.09
CROSSOVERS/ALL OTH OUTPTNT	709	1,401	26,863.66	19.17	.061	37.89	1.17
@COUNTY HOSPITAL TOTAL	17	69	\$ 4,617.44	\$ 66.92	.003	\$ 271.61	\$.20
CO HOSPITAL INPATIENT TOTAL	1	2	2,260.00	1130.00	.000	2260.00	.10
HSC HOSPITALS	1	2	2,260.00	1130.00	.000	2260.00	.10
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	16	67	2,357.44	35.19	.003	147.34	.10
MEDICAL	4	5	239.68	47.94	.000	59.92	.01
SURGERY	3	5	201.25	40.25	.000	67.08	.01
PATHOLOGY	8	33	647.17	19.61	.001	80.90	.03
RADIOLOGY	3	4	483.81	120.95	.000	161.27	.02
ROOM USE	9	13	702.20	54.02	.001	78.02	.03
CROSSOVERS/ALL OTH OUTPTNT	4	7	83.33	11.90	.000	20.83	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,487
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					----- MONTHLY AVERAGE -----		
22,870 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,057	7,304	\$ 906,541.41	\$ 124.12	.319	\$ 440.71	\$ 39.64
COMM HOSP INPATIENT TOTAL	132	421	707,566.42	1680.68	.018	5360.35	30.94
HSC HOSPITALS	122	383	635,784.25	1660.01	.017	5211.35	27.80
NON-HSC HOSPITALS TOTAL	11	38	71,782.17	1889.00	.002	6525.65	3.14
ACCOMMODATIONS	11	38	23,318.64	613.65	.002	2119.88	1.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	38	23,318.64	613.65	.002	2119.88	1.02
ANCILLARIES	11	0	48,463.53	.00	.000	4405.78	2.12
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,987	6,883	198,974.99	28.91	.301	100.14	8.70
MEDICAL	431	707	26,949.25	38.12	.031	62.53	1.18
SURGERY	163	203	9,727.20	47.92	.009	59.68	.43
PATHOLOGY	553	2,050	22,885.14	11.16	.090	41.38	1.00
RADIOLOGY	566	726	42,674.60	58.78	.032	75.40	1.87
ROOM USE	1,479	1,803	69,958.47	38.80	.079	47.30	3.06

CROSSOVERS/ALL OTH OUTPTNT	705	1,394		26,780.33		19.21	.061	37.99	1.17
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	14	81	\$	1,384.46	\$	17.09	.004	\$ 98.89	\$.06
HOSPITAL BASED	5	13		403.80		31.06	.001	80.76	.02
INDEPENDENT FACILITY	9	68		980.66		14.42	.003	108.96	.04
@LABORATORY FACILITY	856	3,302	\$	41,114.29	\$	12.45	.144	\$ 48.03	\$ 1.80
PATHOLOGY	854	3,299		41,013.59		12.43	.144	48.03	1.79
XO AND OTHERS	3	3		100.70		33.57	.000	33.57	.00
@ORGANIZED OUTPATIENT CLINIC	3,210	6,407	\$	533,992.66	\$	83.35	.280	\$ 166.35	\$ 23.35
CLINIC	629	2,684		67,121.81		25.01	.117	106.71	2.93
SURGICENTER	1	1		5.00		5.00	.000	5.00	.00
HEROIN DETOX CLINIC	3	55		597.42		10.86	.002	199.14	.03
RURAL HEALTH CLINIC	2,631	3,667		466,268.43		127.15	.160	177.22	20.39

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,488
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
22,870 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	938	5,216	\$ 77,373.44	\$ 14.83	.228	\$ 82.49	\$ 3.38	
DURABLE MED. EQUIP.	40	59	4,266.84	72.32	.003	106.67	.19	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	115	803	16,986.03	21.15	.035	147.70	.74	
AMBULANCES/AIR TRANS	115	779	13,312.28	17.09	.034	115.76	.58	
OTHER TRANS	2	22	73.75	3.35	.001	36.88	.00	
OTHER SERVICES	2	2	3,600.00	1800.00	.000	1800.00	.16	
ACUPUNCTURE	4	16	283.46	17.72	.001	70.87	.01	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	15	15	1,575.00	105.00	.001	105.00	.07	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	184	562	6,285.65	11.18	.025	34.16	.27	
PHYSICAL THERAPIST	2	8	118.23	14.78	.000	59.12	.01	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	16	61	9,007.12	147.66	.003	562.95	.39	
PROSTHETICS	16	61	9,007.12	147.66	.003	562.95	.39	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	7	27	1,737.64	64.36	.001	248.23	.08	
SPEECH AND AUDIOLOGY	1	2	102.05	51.03	.000	102.05	.00	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	531	3,619	35,736.45	9.87	.158	67.30	1.56
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	30	44	1,274.97	28.98	.002	42.50	.06
@CALIF. CHILDREN SERVICES*	92	505	\$ 80,637.74	\$ 159.68	.022	\$ 876.50	\$ 3.53
@XOVER EXCLUDING STATE HOSP**	14	80	\$ 1,435.10	\$ 17.94	.003	\$ 102.51	\$.06

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,489

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

70,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	47,366	1,137,174	\$ 33,888,070.26	\$ 29.80	16.186	\$ 715.45	\$ 482.35
@PHYSICIANS SERVICES	12,091	33,788	\$ 1,241,856.44	\$ 36.75	.481	\$ 102.71	\$ 17.68
OUTPATIENT VISITS	5,858	8,060	332,678.70	41.28	.115	56.79	4.74
OFFICE VISITS	3,297	4,454	138,559.66	31.11	.063	42.03	1.97
HOME VISITS	65	72	2,691.30	37.38	.001	41.40	.04
EMERGENCY ROOM	2,664	3,265	181,730.40	55.66	.046	68.22	2.59
PREVENTIVE CARE	8	9	397.75	44.19	.000	49.72	.01
OB VISITS/COMPRE PERI	19	24	2,515.88	104.83	.000	132.41	.04
OTHER OUTPATIENT	191	236	6,783.71	28.74	.003	35.52	.10
INPATIENT VISITS	893	3,020	148,367.04	49.13	.043	166.14	2.11
HOSPITAL VISITS	656	2,433	112,000.21	46.03	.035	170.73	1.59
CRITICAL CARE	76	219	24,238.91	110.68	.003	318.93	.35
SNF/ICF/TRANS IP CARE	233	368	12,127.92	32.96	.005	52.05	.17
OPHTHALMOLOGICAL SERVICES	281	333	13,961.86	41.93	.005	49.69	.20
EXAMINATIONS	281	333	13,961.86	41.93	.005	49.69	.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	293	1,834	136,568.30	74.46	.026	466.10	1.94
PRINCIPAL SURGEON	199	306	104,552.36	341.67	.004	525.39	1.49
ASSISTANT SURGEON	23	23	3,753.22	163.18	.000	163.18	.05
ANESTHESIOLOGIST	110	1,505	28,262.72	18.78	.021	256.93	.40
OUTPATIENT SURGERY	875	2,175	144,804.52	66.58	.031	165.49	2.06
PRINCIPAL SURGEON	705	975	114,260.01	117.19	.014	162.07	1.63
ASSISTANT SURGEON	4	4	574.63	143.66	.000	143.66	.01
ANESTHESIOLOGIST	207	1,196	29,969.88	25.06	.017	144.78	.43
DIALYSIS	32	95	10,297.06	108.39	.001	321.78	.15
PATHOLOGY	542	1,812	13,187.56	7.28	.026	24.33	.19
RADIOLOGY	2,239	3,852	157,193.55	40.81	.055	70.21	2.24
PSYCHIATRY	2	2	65.96	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	109	679	52,765.90	77.71	.010	484.09	.75
OTHER SERVICES/ALL X-OVERS	4,813	11,926	231,965.99	19.45	.170	48.20	3.30
@PHARMACY	34,545	608,915	\$ 18,427,562.73	\$ 30.26	8.667	\$ 533.44	\$ 262.29
PRESCRIPTION DRUGS	33,989	136,073	15,144,258.04	111.30	1.937	445.56	215.56
SNF/ICF	1,827	12,722	1,493,494.93	117.39	.181	817.46	21.26
OUTPATIENTS	32,519	123,351	13,650,763.11	110.67	1.756	419.78	194.30
MEDICAL SUPPLIES	2,708	472,842	3,283,304.69	6.94	6.730	1212.45	46.73
@DENTIST	4,550	15,599	\$ 532,689.63	\$ 34.15	.222	\$ 117.07	\$ 7.58
VISITS - DIAGNOSTIC	3,256	10,319	159,840.46	15.49	.147	49.09	2.28
ORAL SURGERY	514	1,152	56,424.44	48.98	.016	109.78	.80

DRUGS	59	71	1,293.75	18.22	.001	21.93	.02
ANESTHESIA	13	14	1,275.00	91.07	.000	98.08	.02
PERIODONTICS	238	267	28,362.66	106.23	.004	119.17	.40
ENDODONTICS	211	288	46,350.13	160.94	.004	219.67	.66
RESTORATIVE DENTISTRY	1,234	2,601	142,272.61	54.70	.037	115.29	2.03
PROSTHETICS	45	46	1,322.50	28.75	.001	29.39	.02
DENTURES, STAYPLATES	291	699	90,414.33	129.35	.010	310.70	1.29
SPACE MAINTAINERS	9	12	1,000.00	83.33	.000	111.11	.01
MAXILLOFACIAL SERVICES	8	8	332.50	41.56	.000	41.56	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	35	39	3,355.00	86.03	.001	95.86	.05
ALL OTHER SERVICES	87	83	446.25	5.38	.001	5.13	.01

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,490
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

70,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	547	1,404	\$ 34,599.85	\$ 24.64	.020	\$ 63.25	\$.49
DIAGNOSTIC AND ANC. PROCED	342	372	15,243.02	40.98	.005	44.57	.22
EYE APPLIANCES	329	1,006	17,764.37	17.66	.014	54.00	.25
OTHER OPTOMETRIC SERVICES	31	26	1,592.46	61.25	.000	51.37	.02
@CHIROPRACTOR	19	47	\$ 701.64	\$ 14.93	.001	\$ 36.93	\$.01
VISITS	13	39	597.74	15.33	.001	45.98	.01
OTHER SERVICES	6	8	103.90	12.99	.000	17.32	.00
@PODIATRIST	462	605	\$ 10,595.35	\$ 17.51	.009	\$ 22.93	\$.15
MEDICINE/INJECTIONS	232	261	7,164.82	27.45	.004	30.88	.10
SURGERY/ANES.	11	15	401.35	26.76	.000	36.49	.01
RADIO./PATHOLOGY	5	7	128.02	18.29	.000	25.60	.00
OTHER	227	322	2,901.16	9.01	.005	12.78	.04
@HOME HEALTH AGENCY	186	3,121	\$ 125,861.69	\$ 40.33	.044	\$ 676.68	\$ 1.79
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	2	2	\$	80.00	\$	40.00	.000	\$	40.00	\$	.00
FAMILY NURSE PRACTITIONER	19	47	\$	602.57	\$	12.82	.001	\$	31.71	\$	.01
@TOTAL HOSPITAL	7,809	36,931	\$	5,655,521.53	\$	153.14	.526	\$	724.23	\$	80.50
HOSP INPATIENT TOTAL	777	2,831		4,472,208.42		1579.73	.040		5755.74		63.66
HSC HOSPITALS	492	2,403		3,694,677.26		1537.53	.034		7509.51		52.59
NON-HSC HOSPITAL TOTAL	100	428		524,632.95		1225.78	.006		5246.33		7.47
ACCOMMODATIONS	98	428		181,603.45		424.31	.006		1853.10		2.58
ADMINISTRATIVE DAYS	8	13		2,832.87		217.91	.000		354.11		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	92	415		178,770.58		430.77	.006		1943.16		2.54
ANCILLARIES	98	0		343,029.50		.00	.000		3500.30		4.88
INPATIENT CROSSOVERS	218	0		252,898.21		.00	.000		1160.08		3.60
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7,308	34,100		1,183,313.11		34.70	.485		161.92		16.84
MEDICAL	1,640	2,691		110,136.88		40.93	.038		67.16		1.57
SURGERY	501	680		31,684.18		46.59	.010		63.24		.45
PATHOLOGY	1,897	9,026		113,554.06		12.58	.128		59.86		1.62
RADIOLOGY	1,812	2,912		259,989.79		89.28	.041		143.48		3.70
ROOM USE	3,435	4,570		179,950.75		39.38	.065		52.39		2.56
CROSSOVERS/ALL OTH OUTPTNT	3,754	14,221		487,997.45		34.32	.202		129.99		6.95
@COUNTY HOSPITAL TOTAL	128	580	\$	76,275.41	\$	131.51	.008	\$	595.90	\$	1.09
CO HOSPITAL INPATIENT TOTAL	13	63		62,761.39		996.21	.001		4827.80		.89
HSC HOSPITALS	12	54		59,126.50		1094.94	.001		4927.21		.84
NON-HSC HOSPITALS TOTAL	3	9		3,634.89		403.88	.000		1211.63		.05
ACCOMMODATIONS	3	9		2,081.70		231.30	.000		693.90		.03
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	9		2,081.70		231.30	.000		693.90		.03
ANCILLARIES	2	0		1,553.19		.00	.000		776.60		.02
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	120	517		13,514.02		26.14	.007		112.62		.19
MEDICAL	50	59		1,976.08		33.49	.001		39.52		.03
SURGERY	11	15		526.43		35.10	.000		47.86		.01
PATHOLOGY	42	226		3,283.39		14.53	.003		78.18		.05
RADIOLOGY	24	45		2,673.62		59.41	.001		111.40		.04
ROOM USE	71	87		3,610.80		41.50	.001		50.86		.05
CROSSOVERS/ALL OTH OUTPTNT	36	85		1,443.70		16.98	.001		40.10		.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,491
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

	70,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7,708	36,351	\$	5,579,246.12	\$ 153.48	.517	\$ 723.83	\$ 79.41
COMM HOSP INPATIENT TOTAL	766	2,768		4,409,447.03	1593.01	.039	5756.46	62.76
HSC HOSPITALS	481	2,349		3,635,550.76	1547.70	.033	7558.32	51.75
NON-HSC HOSPITALS TOTAL	97	419		520,998.06	1243.43	.006	5371.11	7.42
ACCOMMODATIONS	95	419		179,521.75	428.45	.006	1889.70	2.56
ADMINISTRATIVE DAYS	8	13		2,832.87	217.91	.000	354.11	.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	89	406		176,688.88	435.19	.006	1985.27	2.51
ANCILLARIES	96	0		341,476.31	.00	.000	3557.04	4.86
INPATIENT CROSSOVERS	218	0		252,898.21	.00	.000	1160.08	3.60
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	7,212	33,583		1,169,799.09	34.83	.478	162.20	16.65
MEDICAL	1,592	2,632		108,160.80	41.09	.037	67.94	1.54
SURGERY	490	665		31,157.75	46.85	.009	63.59	.44
PATHOLOGY	1,860	8,800		110,270.67	12.53	.125	59.29	1.57
RADIOLOGY	1,790	2,867		257,316.17	89.75	.041	143.75	3.66
ROOM USE	3,376	4,483		176,339.95	39.34	.064	52.23	2.51
CROSSOVERS/ALL OTH OUTPTNT	3,723	14,136		486,553.75	34.42	.201	130.69	6.93
@STATE HOSPITAL	6	158	\$	110,643.13	\$ 700.27	.002	\$ 18440.52	\$ 1.57
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	6	158		110,643.13	700.27	.002	18440.52	1.57
@NURSING FACILITY	726	19,883	\$	3,041,271.95	\$ 152.96	.283	\$ 4189.08	\$ 43.29
LEV A-INTERMEDIATE	1	81		7,252.74	89.54	.001	7252.74	.10
LEV B-REHAB MD	58	1,827		249,594.34	136.61	.026	4303.35	3.55
LEV B-SUBACUTE FREESTANDING	3	49		30,080.61	613.89	.001	10026.87	.43
LEV B-SUBACUTE HSPTL BASED	12	366		202,335.57	552.83	.005	16861.30	2.88
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	657	17,560		2,552,008.69	145.33	.250	3884.34	36.32
@INTERMEDIATE CARE FACIL.-DD	232	7,813	\$	1,318,707.12	\$ 168.78	.111	\$ 5684.08	\$ 18.77
ICF DDH	232	7,813		1,317,098.04	168.58	.111	5677.15	18.75
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		1,609.08	.00	.000	.00	.02
@HEMODIALYSIS TOTAL	215	3,036	\$	210,552.72	\$ 69.35	.043	\$ 979.31	\$ 3.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	215	3,036		210,552.72	69.35	.043	979.31	3.00
@REHABILITATION FACILITY	114	1,273	\$	18,948.99	\$ 14.89	.018	\$ 166.22	\$.27
HOSPITAL BASED	14	49		1,578.35	32.21	.001	112.74	.02
INDEPENDENT FACILITY	100	1,224		17,370.64	14.19	.017	173.71	.25
@LABORATORY FACILITY	3,241	18,585	\$	178,832.46	\$ 9.62	.265	\$ 55.18	\$ 2.55
PATHOLOGY	3,107	18,238		171,208.28	9.39	.260	55.10	2.44
XO AND OTHERS	150	347		7,624.18	21.97	.005	50.83	.11
@ORGANIZED OUTPATIENT CLINIC	8,205	14,320	\$	1,171,377.51	\$ 81.80	.204	\$ 142.76	\$ 16.67
CLINIC	1,189	4,203		103,881.87	24.72	.060	87.37	1.48
SURGICENTER	40	44		6,877.71	156.31	.001	171.94	.10
HEROIN DETOX CLINIC	19	254		2,910.14	11.46	.004	153.17	.04
RURAL HEALTH CLINIC	7,103	9,819		1,057,707.79	107.72	.140	148.91	15.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,492
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL							

----- MONTHLY AVERAGE -----								
70,256 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	6,552	371,647	\$ 1,807,664.95	\$ 4.86	5.290	\$ 275.90	\$ 25.73	
DURABLE MED. EQUIP.	456	1,997	204,506.24	102.41	.028	448.48	2.91	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	137	261	24,515.01	93.93	.004	178.94	.35	
MEDICAL TRANSPORTATION	740	6,805	107,404.96	15.78	.097	145.14	1.53	
AMBULANCES/AIR TRANS	649	6,183	95,662.62	15.47	.088	147.40	1.36	
OTHER TRANS	41	333	1,449.38	4.35	.005	35.35	.02	
OTHER SERVICES	70	289	10,292.96	35.62	.004	147.04	.15	
ACUPUNCTURE	164	567	9,742.84	17.18	.008	59.41	.14	
ADULT DAY HEALTH CARE CTR	372	5,517	378,621.50	68.63	.079	1017.80	5.39	
GENETIC DISEASE TESTING	16	16	1,680.00	105.00	.000	105.00	.02	
IHMC,MODEL-NF,NF,AIDS,MSSP	818	8,337	375,719.63	45.07	.119	459.31	5.35	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	834	2,941	36,916.47	12.55	.042	44.26	.53	
PHYSICAL THERAPIST	5	23	341.43	14.84	.000	68.29	.00	

PORTABLE X-RAY	52	107	1,918.26	17.93	.002	36.89	.03
PROSTHETIST/ORTHOTISTS	64	276	40,332.02	146.13	.004	630.19	.57
PROSTHETICS	64	276	40,332.02	146.13	.004	630.19	.57
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	20	60	2,329.71	38.83	.001	116.49	.03
SPEECH AND AUDIOLOGY	758	3,395	138,192.60	40.70	.048	182.31	1.97
HOSPICE SERVICES	35	948	133,775.95	141.11	.013	3822.17	1.90
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	984	20,664	230,124.69	11.14	.294	233.87	3.28
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,670	319,733	121,543.64	.38	4.551	72.78	1.73
@CALIF. CHILDREN SERVICES*	476	10,475	\$ 3,482,733.43	\$ 332.48	.149	\$ 7316.67	\$ 49.57
@XOVER EXCLUDING STATE HOSP**	6,138	56,064	\$ 927,374.03	\$ 16.54	.798	\$ 151.09	\$ 13.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,493
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U 1X

7,459 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,919	89,073	\$ 2,571,475.55	\$ 28.87	11.942	\$ 522.76	\$ 344.75
@PHYSICIANS SERVICES	933	3,042	\$ 96,114.76	\$ 31.60	.408	\$ 103.02	\$ 12.89
OUTPATIENT VISITS	223	290	14,919.27	51.45	.039	66.90	2.00
OFFICE VISITS	144	190	7,314.00	38.49	.025	50.79	.98
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	81	91	7,313.43	80.37	.012	90.29	.98
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	9	291.84	32.43	.001	32.43	.04
INPATIENT VISITS	55	206	8,974.81	43.57	.028	163.18	1.20
HOSPITAL VISITS	52	194	8,133.11	41.92	.026	156.41	1.09
CRITICAL CARE	3	5	608.00	121.60	.001	202.67	.08
SNF/ICF/TRANS IP CARE	3	7	233.70	33.39	.001	77.90	.03
OPHTHALMOLOGICAL SERVICES	35	40	1,710.27	42.76	.005	48.86	.23
EXAMINATIONS	35	40	1,710.27	42.76	.005	48.86	.23
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	22	100	9,102.06	91.02	.013	413.73	1.22
PRINCIPAL SURGEON	16	18	7,216.61	400.92	.002	451.04	.97
ASSISTANT SURGEON	1	1	134.77	134.77	.000	134.77	.02
ANESTHESIOLOGIST	9	81	1,750.68	21.61	.011	194.52	.23
OUTPATIENT SURGERY	47	100	11,508.85	115.09	.013	244.87	1.54
PRINCIPAL SURGEON	38	43	9,927.13	230.86	.006	261.24	1.33
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	57	1,581.72	27.75	.008	158.17	.21
DIALYSIS	6	11	2,163.64	196.69	.001	360.61	.29
PATHOLOGY	25	71	960.07	13.52	.010	38.40	.13
RADIOLOGY	186	367	15,533.99	42.33	.049	83.52	2.08
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	15	3,095.04	206.34	.002	309.50	.41
OTHER SERVICES/ALL X-OVERS	599	1,842	28,146.76	15.28	.247	46.99	3.77
@PHARMACY	3,839	44,191	\$ 1,121,303.36	\$ 25.37	5.925	\$ 292.08	\$ 150.33
PRESCRIPTION DRUGS	3,756	13,286	1,090,305.74	82.06	1.781	290.28	146.17

SNF/ICF	190	1,171	98,661.59	84.25	.157	519.27	13.23
OUTPATIENTS	3,602	12,115	991,644.15	81.85	1.624	275.30	132.95
MEDICAL SUPPLIES	292	30,905	30,997.62	1.00	4.143	106.16	4.16
@DENTIST	302	910	41,868.95	\$ 46.01	.122	\$ 138.64	\$ 5.61
VISITS - DIAGNOSTIC	195	528	8,654.75	16.39	.071	44.38	1.16
ORAL SURGERY	41	133	5,976.70	44.94	.018	145.77	.80
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	13	15	961.00	64.07	.002	73.92	.13
ENDODONTICS	12	13	3,426.00	263.54	.002	285.50	.46
RESTORATIVE DENTISTRY	68	115	5,824.75	50.65	.015	85.66	.78
PROSTHETICS	3	3	80.00	26.67	.000	26.67	.01
DENTURES, STAYPLATES	47	103	16,945.75	164.52	.014	360.55	2.27
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	1CR	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,494
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

7,459 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	35	91	\$ 2,086.09	\$ 22.92	.012	\$ 59.60	\$.28
DIAGNOSTIC AND ANC. PROCED	12	12	573.03	47.75	.002	47.75	.08
EYE APPLIANCES	28	77	1,327.81	17.24	.010	47.42	.18
OTHER OPTOMETRIC SERVICES	3	2	185.25	92.63	.000	61.75	.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	31	48	\$ 544.22	\$ 11.34	.006	\$ 17.56	\$.07
MEDICINE/INJECTIONS	5	5	186.40	37.28	.001	37.28	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	26	43	357.82	8.32	.006	13.76	.05
@HOME HEALTH AGENCY	15	99	\$ 6,928.44	\$ 69.98	.013	\$ 461.90	\$.93
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	603	3,429	\$ 421,115.01	\$ 122.81	.460	\$ 698.37	\$ 56.46
HOSP INPATIENT TOTAL	87	166	289,892.59	1746.34	.022	3332.10	38.86
HSC HOSPITALS	46	159	251,909.43	1584.34	.021	5476.29	33.77
NON-HSC HOSPITAL TOTAL	5	7	7,878.36	1125.48	.001	1575.67	1.06
ACCOMMODATIONS	5	7	3,427.84	489.69	.001	685.57	.46
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	7	3,427.84	489.69	.001	685.57	.46
ANCILLARIES	5	0	4,450.52	.00	.000	890.10	.60
INPATIENT CROSSOVERS	38	0	30,104.80	.00	.000	792.23	4.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	546	3,263	131,222.42	40.22	.437	240.33	17.59
MEDICAL	138	203	9,118.29	44.92	.027	66.07	1.22
SURGERY	31	36	1,469.79	40.83	.005	47.41	.20
PATHOLOGY	153	695	8,939.10	12.86	.093	58.43	1.20

RADIOLOGY	170	391	54,936.51	140.50	.052	323.16	7.37
ROOM USE	131	164	6,543.45	39.90	.022	49.95	.88
CROSSOVERS/ALL OTH OUTPTNT	302	1,774	50,215.28	28.31	.238	166.28	6.73
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,495
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

					----- MONTHLY AVERAGE -----			
7,459 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	603	3,429	\$ 421,115.01	\$ 122.81	.460	\$ 698.37	\$ 56.46	
COMM HOSP INPATIENT TOTAL	87	166	289,892.59	1746.34	.022	3332.10	38.86	
HSC HOSPITALS	46	159	251,909.43	1584.34	.021	5476.29	33.77	
NON-HSC HOSPITALS TOTAL	5	7	7,878.36	1125.48	.001	1575.67	1.06	
ACCOMMODATIONS	5	7	3,427.84	489.69	.001	685.57	.46	

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	7		3,427.84	489.69	.001	685.57	.46
ANCILLARIES	5	0		4,450.52	.00	.000	890.10	.60
INPATIENT CROSSOVERS	38	0		30,104.80	.00	.000	792.23	4.04
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	546	3,263		131,222.42	40.22	.437	240.33	17.59
MEDICAL	138	203		9,118.29	44.92	.027	66.07	1.22
SURGERY	31	36		1,469.79	40.83	.005	47.41	.20
PATHOLOGY	153	695		8,939.10	12.86	.093	58.43	1.20
RADIOLOGY	170	391		54,936.51	140.50	.052	323.16	7.37
ROOM USE	131	164		6,543.45	39.90	.022	49.95	.88
CROSSOVERS/ALL OTH OUTPTNT	302	1,774		50,215.28	28.31	.238	166.28	6.73
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	131	3,296	\$	503,245.71	\$ 152.68	.442	\$ 3841.57	\$ 67.47
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	131	3,296		503,245.71	152.68	.442	3841.57	67.47
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	33	641	\$	44,110.37	\$ 68.81	.086	\$ 1336.68	\$ 5.91
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	33	641		44,110.37	68.81	.086	1336.68	5.91
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	284	2,576	\$	18,667.82	\$ 7.25	.345	\$ 65.73	\$ 2.50
PATHOLOGY	255	2,505		16,359.36	6.53	.336	64.15	2.19
XO AND OTHERS	33	71		2,308.46	32.51	.010	69.95	.31
@ORGANIZED OUTPATIENT CLINIC	691	1,009	\$	78,622.23	\$ 77.92	.135	\$ 113.78	\$ 10.54
CLINIC	32	85		1,839.50	21.64	.011	57.48	.25
SURGICENTER	3	4		561.50	140.38	.001	187.17	.08
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	673	920		76,221.23	82.85	.123	113.26	10.22

#CALIF DEPT OF HEALTH SERV MPO024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - AGED

AID CODE 14 1H 1U 1X

PAGE 6,496

03/14/05

----- MONTHLY AVERAGE -----								
7,459 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	532	29,741	\$ 236,868.59	\$ 7.96	3.987	\$ 445.24	\$ 31.76	
DURABLE MED. EQUIP.	15	43	6,904.01	160.56	.006	460.27	.93	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	12	19	3,473.61	182.82	.003	289.47	.47	
MEDICAL TRANSPORTATION	34	240	3,498.50	14.58	.032	102.90	.47	
AMBULANCES/AIR TRANS	23	160	2,950.91	18.44	.021	128.30	.40	
OTHER TRANS	4	28	208.54	7.45	.004	52.14	.03	
OTHER SERVICES	8	52	339.05	6.52	.007	42.38	.05	
ACUPUNCTURE	5	15	264.92	17.66	.002	52.98	.04	

ADULT DAY HEALTH CARE CTR	128	1,969	134,522.88	68.32	.264	1050.96	18.03
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	148	529	43,269.24	81.79	.071	292.36	5.80
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	75	282	3,695.99	13.11	.038	49.28	.50
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	5	41.40	8.28	.001	13.80	.01
PROSTHETIST/ORTHOTISTS	1	2	147.29	73.65	.000	147.29	.02
PROSTHETICS	1	2	147.29	73.65	.000	147.29	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	61.73	61.73	.000	61.73	.01
SPEECH AND AUDIOLOGY	3	3	705.68	235.23	.000	235.23	.09
HOSPICE SERVICES	11	239	32,698.16	136.81	.032	2972.56	4.38
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	127	26,394	7,585.18	.29	3.539	59.73	1.02
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	760	5,901	\$ 143,374.20	\$ 24.30	.791	\$ 188.65	\$ 19.22

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,497
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20	1,141	\$ 7,040.28	\$ 6.17	60.053	\$ 352.01	\$ 370.54
@PHYSICIANS SERVICES	10	42	\$ 848.48	\$ 20.20	2.211	\$ 84.85	\$ 44.66
OUTPATIENT VISITS	7	7	144.38	20.63	.368	20.63	7.60
OFFICE VISITS	7	7	144.38	20.63	.368	20.63	7.60
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	29	150.83	5.20	1.526	25.14	7.94

RADIOLOGY	4	6		553.27		92.21	.316	138.32	29.12
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	12	25	\$	1,241.24	\$	49.65	1.316	\$ 103.44	\$ 65.33
PRESCRIPTION DRUGS	11	20		979.56		48.98	1.053	89.05	51.56
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	11	20		979.56		48.98	1.053	89.05	51.56
MEDICAL SUPPLIES	2	5		261.68		52.34	.263	130.84	13.77
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOPO24	FEE-FOR-SERVICE/DENTAL								
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								
									PAGE 6,498
									03/14/05
									AID CODE 24

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,499
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		.00		.00
LEV B-REGULAR	0	0		.00		.00		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00		.00	\$	.00
ICF DDH	0	0		.00		.00		.00		.00
ICF DD	0	0		.00		.00		.00		.00
ICF DDN/DDCN	0	0		.00		.00		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00		.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00		.00		.00
@REHABILITATION FACILITY	1	3	\$	49.24	\$	16.41		.158	\$	49.24
HOSPITAL BASED	0	0		.00		.00		.00		.00
INDEPENDENT FACILITY	1	3		49.24		16.41		.158		49.24
@LABORATORY FACILITY	0	0	\$	.00	\$	.00		.00	\$	.00
PATHOLOGY	0	0		.00		.00		.00		.00
XO AND OTHERS	0	0		.00		.00		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00		.00	\$	.00
CLINIC	0	0		.00		.00		.00		.00
SURGICENTER	0	0		.00		.00		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									
MOP024	FEE-FOR-SERVICE/DENTAL									
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND									
AID CODE 24										
----- MONTHLY AVERAGE -----										

PAGE 6,500
03/14/05

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	1,071	\$ 4,901.32	\$ 4.58	56.368	\$ 816.89	\$ 257.96
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	5	59.49	11.90	.263	59.49	3.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	313	4,375.28	13.98	16.474	1093.82	230.28
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	753	466.55	.62	39.632	233.28	24.56
@CALIF. CHILDREN SERVICES*	1	3	\$ 49.24	\$ 16.41	.158	\$ 49.24	\$ 2.59
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,501
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

5,073 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,317	86,701	\$ 3,866,332.35	\$ 44.59	17.091	\$ 895.61	\$ 762.14
@PHYSICIANS SERVICES	868	3,382	\$ 146,484.49	\$ 43.31	.667	\$ 168.76	\$ 28.88
OUTPATIENT VISITS	254	396	18,140.70	45.81	.078	71.42	3.58
OFFICE VISITS	175	244	7,935.30	32.52	.048	45.34	1.56
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	95	138	9,784.55	70.90	.027	103.00	1.93
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	13	14	420.85	30.06	.003	32.37	.08
INPATIENT VISITS	91	734	36,586.26	49.85	.145	402.05	7.21
HOSPITAL VISITS	86	653	27,381.36	41.93	.129	318.39	5.40
CRITICAL CARE	12	79	9,105.30	115.26	.016	758.78	1.79
SNF/ICF/TRANS IP CARE	2	2	99.60	49.80	.000	49.80	.02
OPHTHALMOLOGICAL SERVICES	19	21	881.18	41.96	.004	46.38	.17
EXAMINATIONS	19	21	881.18	41.96	.004	46.38	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	321	22,556.35	70.27	.063	777.81	4.45
PRINCIPAL SURGEON	20	59	16,271.30	275.78	.012	813.57	3.21
ASSISTANT SURGEON	3	3	833.95	277.98	.001	277.98	.16
ANESTHESIOLOGIST	14	259	5,451.10	21.05	.051	389.36	1.07

OUTPATIENT SURGERY	46	122	8,254.74	67.66	.024	179.45	1.63
PRINCIPAL SURGEON	36	52	6,773.85	130.27	.010	188.16	1.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	70	1,480.89	21.16	.014	134.63	.29
DIALYSIS	31	85	12,479.20	146.81	.017	402.55	2.46
PATHOLOGY	38	110	763.23	6.94	.022	20.09	.15
RADIOLOGY	144	382	18,048.69	47.25	.075	125.34	3.56
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	40	1,952.15	48.80	.008	139.44	.38
OTHER SERVICES/ALL X-OVERS	530	1,171	26,821.99	22.91	.231	50.61	5.29
@PHARMACY	3,438	34,851	\$ 2,055,208.44	\$ 58.97	6.870	\$ 597.79	\$ 405.13
PRESCRIPTION DRUGS	3,382	16,344	2,027,545.79	124.05	3.222	599.51	399.67
SNF/ICF	184	1,641	229,462.83	139.83	.323	1247.08	45.23
OUTPATIENTS	3,255	14,703	1,798,082.96	122.29	2.898	552.41	354.44
MEDICAL SUPPLIES	268	18,507	27,662.65	1.49	3.648	103.22	5.45
@DENTIST	305	1,045	\$ 36,732.51	\$ 35.15	.206	\$ 120.43	\$ 7.24
VISITS - DIAGNOSTIC	202	616	9,050.26	14.69	.121	44.80	1.78
ORAL SURGERY	39	158	8,155.25	51.62	.031	209.11	1.61
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02
PERIODONTICS	11	11	873.00	79.36	.002	79.36	.17
ENDODONTICS	14	18	2,077.00	115.39	.004	148.36	.41
RESTORATIVE DENTISTRY	76	168	8,444.00	50.26	.033	111.11	1.66
PROSTHETICS	6	7	150.00	21.43	.001	25.00	.03
DENTURES, STAYPLATES	17	50	7,883.00	157.66	.010	463.71	1.55
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	12	16	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,502
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G						

----- MONTHLY AVERAGE -----							
5,073 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	29	66	\$ 2,298.62	\$ 34.83	.013	\$ 79.26	\$.45
DIAGNOSTIC AND ANC. PROCED	17	17	802.27	47.19	.003	47.19	.16
EYE APPLIANCES	15	48	1,393.47	29.03	.009	92.90	.27
OTHER OPTOMETRIC SERVICES	3	1	102.88	102.88	.000	34.29	.02
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	33	46	\$ 614.23	\$ 13.35	.009	\$ 18.61	\$.12
MEDICINE/INJECTIONS	2	2	91.50	45.75	.000	45.75	.02
SURGERY/ANES.	1	1	202.53	202.53	.000	202.53	.04
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	30	43	320.20	7.45	.008	10.67	.06
@HOME HEALTH AGENCY	32	4,101	\$ 73,520.01	\$ 17.93	.808	\$ 2297.50	\$ 14.49
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	597	3,521	\$ 927,386.49	\$ 263.39	.694	\$ 1553.41	\$ 182.81
HOSP INPATIENT TOTAL	84	513	774,872.44	1510.47	.101	9224.67	152.74
HSC HOSPITALS	46	456	705,652.00	1547.48	.090	15340.26	139.10

NON-HSC HOSPITAL TOTAL	15	57	41,888.86	734.89	.011	2792.59	8.26
ACCOMMODATIONS	15	57	17,901.35	314.06	.011	1193.42	3.53
ADMINISTRATIVE DAYS	1	3	346.95	115.65	.001	346.95	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	14	54	17,554.40	325.08	.011	1253.89	3.46
ANCILLARIES	15	0	23,987.51	.00	.000	1599.17	4.73
INPATIENT CROSSOVERS	32	0	27,331.58	.00	.000	854.11	5.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	543	3,008	152,514.05	50.70	.593	280.87	30.06
MEDICAL	100	192	7,022.05	36.57	.038	70.22	1.38
SURGERY	26	34	2,168.40	63.78	.007	83.40	.43
PATHOLOGY	109	626	7,630.08	12.19	.123	70.00	1.50
RADIOLOGY	106	287	47,081.63	164.05	.057	444.17	9.28
ROOM USE	137	203	7,679.14	37.83	.040	56.05	1.51
CROSSOVERS/ALL OTH OUTPTNT	391	1,666	80,932.75	48.58	.328	206.99	15.95
@COUNTY HOSPITAL TOTAL	5	59	\$ 40,160.54	\$ 680.69	.012	\$ 8032.11	\$ 7.92
CO HOSPITAL INPATIENT TOTAL	3	35	39,550.00	1130.00	.007	13183.33	7.80
HSC HOSPITALS	3	35	39,550.00	1130.00	.007	13183.33	7.80
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	24	610.54	25.44	.005	122.11	.12
MEDICAL	3	7	238.16	34.02	.001	79.39	.05
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	8	82.41	10.30	.002	82.41	.02
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	7	256.37	36.62	.001	85.46	.05
CROSSOVERS/ALL OTH OUTPTNT	2	2	33.60	16.80	.000	16.80	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,503
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

5,073 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	596	3,462	\$ 887,225.95	\$ 256.28	.682	\$ 1488.63	\$ 174.89
COMM HOSP INPATIENT TOTAL	83	478	735,322.44	1538.33	.094	8859.31	144.95
HSC HOSPITALS	45	421	666,102.00	1582.19	.083	14802.27	131.30
NON-HSC HOSPITALS TOTAL	15	57	41,888.86	734.89	.011	2792.59	8.26
ACCOMMODATIONS	15	57	17,901.35	314.06	.011	1193.42	3.53
ADMINISTRATIVE DAYS	1	3	346.95	115.65	.001	346.95	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	14	54	17,554.40	325.08	.011	1253.89	3.46
ANCILLARIES	15	0	23,987.51	.00	.000	1599.17	4.73
INPATIENT CROSSOVERS	32	0	27,331.58	.00	.000	854.11	5.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	541	2,984	151,903.51	50.91	.588	280.78	29.94
MEDICAL	99	185	6,783.89	36.67	.036	68.52	1.34
SURGERY	26	34	2,168.40	63.78	.007	83.40	.43
PATHOLOGY	108	618	7,547.67	12.21	.122	69.89	1.49
RADIOLOGY	106	287	47,081.63	164.05	.057	444.17	9.28
ROOM USE	134	196	7,422.77	37.87	.039	55.39	1.46

CROSSOVERS/ALL OTH OUTPTNT	390	1,664		80,899.15	48.62	.328	207.43	15.95
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	43	1,410	\$	208,702.80	148.02	.278	4853.55	41.14
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	12	421		61,070.26	145.06	.083	5089.19	12.04
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	32	989		147,632.54	149.27	.195	4613.52	29.10
@INTERMEDIATE CARE FACIL.-DD	6	212	\$	35,640.66	168.12	.042	5940.11	7.03
ICF DDH	5	183		30,339.75	165.79	.036	6067.95	5.98
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1	29		5,300.91	182.79	.006	5300.91	1.04
@HEMODIALYSIS TOTAL	62	2,922	\$	126,421.74	43.27	.576	2039.06	24.92
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	62	2,922		126,421.74	43.27	.576	2039.06	24.92
@REHABILITATION FACILITY	57	1,307	\$	18,072.02	13.83	.258	317.05	3.56
HOSPITAL BASED	1	1		94.97	94.97	.000	94.97	.02
INDEPENDENT FACILITY	56	1,306		17,977.05	13.76	.257	321.02	3.54
@LABORATORY FACILITY	253	1,628	\$	18,914.05	11.62	.321	74.76	3.73
PATHOLOGY	232	1,570		17,072.04	10.87	.309	73.59	3.37
XO AND OTHERS	24	58		1,842.01	31.76	.011	76.75	.36
@ORGANIZED OUTPATIENT CLINIC	465	812	\$	49,094.66	60.46	.160	105.58	9.68
CLINIC	51	184		2,751.67	14.95	.036	53.95	.54
SURGICENTER	6	6		1,006.45	167.74	.001	167.74	.20
HEROIN DETOX CLINIC	2	20		261.65	13.08	.004	130.83	.05
RURAL HEALTH CLINIC	412	602		45,074.89	74.88	.119	109.41	8.89

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,504
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

					----- MONTHLY AVERAGE -----			
5,073 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	478	31,398	\$ 167,241.63	\$ 5.33	6.189	\$ 349.88	\$ 32.97	
DURABLE MED. EQUIP.	38	151	27,508.41	182.17	.030	723.91	5.42	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	2	2	265.00	132.50	.000	132.50	.05	
MEDICAL TRANSPORTATION	74	755	8,963.68	11.87	.149	121.13	1.77	
AMBULANCES/AIR TRANS	67	561	8,463.00	15.09	.111	126.31	1.67	
OTHER TRANS	4	165	345.30	2.09	.033	86.33	.07	
OTHER SERVICES	3	29	155.38	5.36	.006	51.79	.03	
ACUPUNCTURE	5	21	373.05	17.76	.004	74.61	.07	
ADULT DAY HEALTH CARE CTR	21	289	20,119.06	69.62	.057	958.05	3.97	
GENETIC DISEASE TESTING	1	1	57.00	57.00	.000	57.00	.01	
IHMC,MODEL-NF,NF,AIDS,MSSP	9	107	4,811.23	44.96	.021	534.58	.95	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	61	232	3,013.61	12.99	.046	49.40	.59	
PHYSICAL THERAPIST	1	10	105.20	10.52	.002	105.20	.02	
PORTABLE X-RAY	2	2	2.28	1.14	.000	1.14	.00	
PROSTHETIST/ORTHOTISTS	8	29	3,244.64	111.88	.006	405.58	.64	
PROSTHETICS	8	29	3,244.64	111.88	.006	405.58	.64	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	1	1	61.73	61.73	.000	61.73	.01	
SPEECH AND AUDIOLOGY	2	5	111.73	22.35	.001	55.87	.02	

HOSPICE SERVICES	11	133		18,114.09	136.20	.026	1646.74	3.57
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	88	6,183		70,433.72	11.39	1.219	800.38	13.88
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	188	23,477		10,057.20	.43	4.628	53.50	1.98
@CALIF. CHILDREN SERVICES*	95	2,925	\$	47,991.54	\$ 16.41	.577	\$ 505.17	\$ 9.46
@XOVER EXCLUDING STATE HOSP**	800	5,645	\$	115,063.48	\$ 20.38	1.113	\$ 143.83	\$ 22.68

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,505
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

75,522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25,915	131,036	\$ 8,520,295.14	\$ 65.02	1.735	\$ 328.78	\$ 112.82
@PHYSICIANS SERVICES	8,056	18,919	\$ 906,170.60	\$ 47.90	.251	\$ 112.48	\$ 12.00
OUTPATIENT VISITS	5,201	6,449	276,458.42	42.87	.085	53.15	3.66
OFFICE VISITS	2,405	3,017	100,765.44	33.40	.040	41.90	1.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,831	3,166	163,593.35	51.67	.042	57.79	2.17
PREVENTIVE CARE	10	10	412.85	41.29	.000	41.29	.01
OB VISITS/COMPRE PERI	68	162	8,597.14	53.07	.002	126.43	.11
OTHER OUTPATIENT	82	94	3,089.64	32.87	.001	37.68	.04
INPATIENT VISITS	342	1,253	75,290.37	60.09	.017	220.15	1.00
HOSPITAL VISITS	322	1,029	45,049.64	43.78	.014	139.91	.60
CRITICAL CARE	46	223	30,168.63	135.29	.003	655.84	.40
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.000	72.10	.00
OPHTHALMOLOGICAL SERVICES	196	252	10,250.28	40.68	.003	52.30	.14

EXAMINATIONS	196	252	10,250.28	40.68	.003	52.30	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	359	2,559	132,949.90	51.95	.034	370.33	1.76
PRINCIPAL SURGEON	172	223	77,443.82	347.28	.003	450.25	1.03
ASSISTANT SURGEON	32	32	5,657.04	176.78	.000	176.78	.07
ANESTHESIOLOGIST	189	2,304	49,849.04	21.64	.031	263.75	.66
OUTPATIENT SURGERY	1,055	2,005	243,109.52	121.25	.027	230.44	3.22
PRINCIPAL SURGEON	956	1,250	223,228.81	178.58	.017	233.50	2.96
ASSISTANT SURGEON	5	5	787.35	157.47	.000	157.47	.01
ANESTHESIOLOGIST	132	750	19,093.36	25.46	.010	144.65	.25
DIALYSIS	9	13	2,925.52	225.04	.000	325.06	.04
PATHOLOGY	479	1,085	9,039.76	8.33	.014	18.87	.12
RADIOLOGY	2,062	2,999	93,438.71	31.16	.040	45.31	1.24
PSYCHIATRY	1	1	44.30	44.30	.000	44.30	.00
IMMUNIZATION AND INJECTION	72	148	1,854.01	12.53	.002	25.75	.02
OTHER SERVICES/ALL X-OVERS	1,099	2,155	60,809.81	28.22	.029	55.33	.81
@PHARMACY	10,158	30,468	\$ 1,395,490.93	\$ 45.80	.403	\$ 137.38	\$ 18.48
PRESCRIPTION DRUGS	10,021	21,643	1,332,283.84	61.56	.287	132.95	17.64
SNF/ICF	23	136	15,041.02	110.60	.002	653.96	.20
OUTPATIENTS	10,001	21,507	1,317,242.82	61.25	.285	131.71	17.44
MEDICAL SUPPLIES	421	8,825	63,207.09	7.16	.117	150.14	.84
@DENTIST	2,677	9,700	\$ 276,957.55	\$ 28.55	.128	\$ 103.46	\$ 3.67
VISITS - DIAGNOSTIC	2,034	6,917	111,235.13	16.08	.092	54.69	1.47
ORAL SURGERY	272	471	26,700.00	56.69	.006	98.16	.35
DRUGS	67	78	1,781.25	22.84	.001	26.59	.02
ANESTHESIA	5	5	500.00	100.00	.000	100.00	.01
PERIODONTICS	38	40	3,748.37	93.71	.001	98.64	.05
ENDODONTICS	148	210	30,937.00	147.32	.003	209.03	.41
RESTORATIVE DENTISTRY	832	1,833	93,461.30	50.99	.024	112.33	1.24
PROSTHETICS	9	9	270.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	16	55	4,172.00	75.85	.001	260.75	.06
SPACE MAINTAINERS	20	25	2,200.00	88.00	.000	110.00	.03
MAXILLOFACIAL SERVICES	6	8	257.50	32.19	.000	42.92	.00
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00	.01
ORTHODONTIC SERVICES	22	23	770.00	33.48	.000	35.00	.01
ALL OTHER SERVICES	43	25	225.00	9.00	.000	5.23	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

PAGE 6,506
03/14/05

	75,522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	275	671	\$	16,560.82	\$ 24.68	.009	\$ 60.22	\$.22
DIAGNOSTIC AND ANC. PROCED	215	234		9,742.02	41.63	.003	45.31	.13
EYE APPLIANCES	146	431		6,665.09	15.46	.006	45.65	.09
OTHER OPTOMETRIC SERVICES	6	6		153.71	25.62	.000	25.62	.00
@CHIROPRACTOR	1	2	\$	33.44	\$ 16.72	.000	\$ 33.44	\$.00
VISITS	1	2		33.44	16.72	.000	33.44	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	37	47	\$	1,551.62	\$ 33.01	.001	\$ 41.94	\$.02
MEDICINE/INJECTIONS	34	40		1,326.39	33.16	.001	39.01	.02
SURGERY/ANES.	4	5		190.63	38.13	.000	47.66	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	383	648	\$	34,907.12	\$ 53.87	.009	\$ 91.14	\$.46
NURSE ANESTHESIST	1	3	\$	80.00	\$ 26.67	.000	\$ 80.00	\$.00

NURSE MIDWIFE	6	40	\$	1,465.67	\$	36.64	.001	\$	244.28	\$	.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	4	\$	28.83	\$	7.21	.000	\$	28.83	\$	.00
@TOTAL HOSPITAL	5,386	19,366	\$	3,930,950.28	\$	202.98	.256	\$	729.85	\$	52.05
HOSP INPATIENT TOTAL	644	2,018		3,382,125.91		1675.98	.027		5251.75		44.78
HSC HOSPITALS	594	1,854		3,115,632.51		1680.49	.025		5245.17		41.25
NON-HSC HOSPITAL TOTAL	50	164		263,471.44		1606.53	.002		5269.43		3.49
ACCOMMODATIONS	49	164		91,646.81		558.82	.002		1870.34		1.21
ADMINISTRATIVE DAYS	4	12		2,717.78		226.48	.000		679.45		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	45	152		88,929.03		585.06	.002		1976.20		1.18
ANCILLARIES	49	0		171,824.63		.00	.000		3506.63		2.28
INPATIENT CROSSOVERS	4	0		3,021.96		.00	.000		755.49		.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,061	17,348		548,824.37		31.64	.230		108.44		7.27
MEDICAL	984	1,533		88,466.00		57.71	.020		89.90		1.17
SURGERY	455	722		22,248.76		30.82	.010		48.90		.29
PATHOLOGY	1,457	5,593		61,510.06		11.00	.074		42.22		.81
RADIOLOGY	1,627	2,119		152,562.30		72.00	.028		93.77		2.02
ROOM USE	3,267	3,852		148,262.12		38.49	.051		45.38		1.96
CROSSOVERS/ALL OTH OUTPTNT	1,888	3,529		75,775.13		21.47	.047		40.14		1.00
@COUNTY HOSPITAL TOTAL	56	287	\$	30,081.24	\$	104.81	.004	\$	537.17	\$	.40
CO HOSPITAL INPATIENT TOTAL	6	16		21,996.84		1374.80	.000		3666.14		.29
HSC HOSPITALS	5	14		16,635.02		1188.22	.000		3327.00		.22
NON-HSC HOSPITALS TOTAL	1	2		5,361.82		2680.91	.000		5361.82		.07
ACCOMMODATIONS	1	2		1,231.20		615.60	.000		1231.20		.02
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,231.20		615.60	.000		1231.20		.02
ANCILLARIES	1	0		4,130.62		.00	.000		4130.62		.05
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	52	271		8,084.40		29.83	.004		155.47		.11
MEDICAL	12	15		526.16		35.08	.000		43.85		.01
SURGERY	17	23		797.73		34.68	.000		46.93		.01
PATHOLOGY	22	98		1,632.00		16.65	.001		74.18		.02
RADIOLOGY	10	21		866.25		41.25	.000		86.63		.01
ROOM USE	31	58		3,153.08		54.36	.001		101.71		.04
CROSSOVERS/ALL OTH OUTPTNT	23	56		1,109.18		19.81	.001		48.23		.01

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

PAGE 6,507
03/14/05

----- MONTHLY AVERAGE -----										
75,522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@COMMUNITY HOSPITAL TOTAL	5,339	19,079	\$ 3,900,869.04	\$ 204.46	.253	\$ 730.64	\$ 51.65			
COMM HOSP INPATIENT TOTAL	638	2,002	3,360,129.07	1678.39	.027	5266.66	44.49			
HSC HOSPITALS	589	1,840	3,098,997.49	1684.24	.024	5261.46	41.03			
NON-HSC HOSPITALS TOTAL	49	162	258,109.62	1593.27	.002	5267.54	3.42			
ACCOMMODATIONS	48	162	90,415.61	558.12	.002	1883.66	1.20			
ADMINISTRATIVE DAYS	4	12	2,717.78	226.48	.000	679.45	.04			
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00			
ALL OTHER ACCOM	44	150	87,697.83	584.65	.002	1993.13	1.16			
ANCILLARIES	48	0	167,694.01	.00	.000	3493.63	2.22			
INPATIENT CROSSOVERS	4	0	3,021.96	.00	.000	755.49	.04			
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00			

COMM HOSP OUTPATIENT TOTAL	5,018	17,077		540,739.97	31.66	.226	107.76	7.16
MEDICAL	973	1,518		87,939.84	57.93	.020	90.38	1.16
SURGERY	438	699		21,451.03	30.69	.009	48.97	.28
PATHOLOGY	1,435	5,495		59,878.06	10.90	.073	41.73	.79
RADIOLOGY	1,618	2,098		151,696.05	72.31	.028	93.76	2.01
ROOM USE	3,238	3,794		145,109.04	38.25	.050	44.81	1.92
CROSSOVERS/ALL OTH OUTPTNT	1,867	3,473		74,665.95	21.50	.046	39.99	.99
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	3	22	\$	3,058.73	\$ 139.03	.000	\$ 1019.58	\$.04
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	5		725.30	145.06	.000	725.30	.01
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	17		2,333.43	137.26	.000	1166.72	.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	19	1,502	\$	54,334.57	\$ 36.17	.020	\$ 2859.71	\$.72
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	19	1,502		54,334.57	36.17	.020	2859.71	.72
@REHABILITATION FACILITY	31	277	\$	5,270.43	\$ 19.03	.004	\$ 170.01	\$.07
HOSPITAL BASED	16	60		2,081.06	34.68	.001	130.07	.03
INDEPENDENT FACILITY	15	217		3,189.37	14.70	.003	212.62	.04
@LABORATORY FACILITY	2,857	12,663	\$	130,318.60	\$ 10.29	.168	\$ 45.61	\$ 1.73
PATHOLOGY	2,845	12,639		128,581.64	10.17	.167	45.20	1.70
XO AND OTHERS	20	24		1,736.96	72.37	.000	86.85	.02
@ORGANIZED OUTPATIENT CLINIC	9,525	28,237	\$	1,608,069.33	\$ 56.95	.374	\$ 168.83	\$ 21.29
CLINIC	2,791	18,122		340,305.19	18.78	.240	121.93	4.51
SURGICENTER	1	8		391.10	48.89	.000	391.10	.01
HEROIN DETOX CLINIC	6	117		1,305.37	11.16	.002	217.56	.02
RURAL HEALTH CLINIC	6,994	9,990		1,266,067.67	126.73	.132	181.02	16.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,508
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K							

	75,522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,619	8,467	\$	155,046.62	\$ 18.31	.112	\$ 95.77	\$ 2.05
DURABLE MED. EQUIP.	87	163		18,687.85	114.65	.002	214.80	.25
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	68		4,626.38	68.04	.001	385.53	.06
MEDICAL TRANSPORTATION	270	1,960		36,740.68	18.75	.026	136.08	.49
AMBULANCES/AIR TRANS	270	1,957		33,130.80	16.93	.026	122.71	.44
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	3	3		3,609.88	1203.29	.000	1203.29	.05
ACUPUNCTURE	35	103		1,790.73	17.39	.001	51.16	.02
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	140	140		14,676.00	104.83	.002	104.83	.19
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	303	954		10,990.58	11.52	.013	36.27	.15
PHYSICAL THERAPIST	1	4		56.10	14.03	.000	56.10	.00

PORTABLE X-RAY	1	2	60.26	30.13	.000	60.26	.00
PROSTHETIST/ORTHOTISTS	48	160	26,882.55	168.02	.002	560.05	.36
PROSTHETICS	47	159	26,786.05	168.47	.002	569.92	.35
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8	391.64	48.96	.000	97.91	.01
HOSPICE SERVICES	2	8	1,271.28	158.91	.000	635.64	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	697	3,763	38,095.61	10.12	.050	54.66	.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	1,134	776.96	.69	.015	20.45	.01
@CALIF. CHILDREN SERVICES*	256	2,059	\$ 362,432.17	\$ 176.02	.027	\$ 1415.75	\$ 4.80
@XOVER EXCLUDING STATE HOSP**	74	211	\$ 12,757.30	\$ 60.46	.003	\$ 172.40	\$.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,509
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL	

88,073 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	35,171	307,951	\$ 14,965,143.32	\$ 48.60	3.497	\$ 425.50	\$ 169.92
@PHYSICIANS SERVICES	9,867	25,385	\$ 1,149,618.33	\$ 45.29	.288	\$ 116.51	\$ 13.05
OUTPATIENT VISITS	5,685	7,142	309,662.77	43.36	.081	54.47	3.52
OFFICE VISITS	2,731	3,458	116,159.12	33.59	.039	42.53	1.32
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3,007	3,395	180,691.33	53.22	.039	60.09	2.05
PREVENTIVE CARE	10	10	412.85	41.29	.000	41.29	.00
OB VISITS/COMPRE PERI	68	162	8,597.14	53.07	.002	126.43	.10
OTHER OUTPATIENT	104	117	3,802.33	32.50	.001	36.56	.04
INPATIENT VISITS	488	2,193	120,851.44	55.11	.025	247.65	1.37
HOSPITAL VISITS	460	1,876	80,564.11	42.94	.021	175.14	.91
CRITICAL CARE	61	307	39,881.93	129.91	.003	653.80	.45
SNF/ICF/TRANS IP CARE	6	10	405.40	40.54	.000	67.57	.00
OPHTHALMOLOGICAL SERVICES	250	313	12,841.73	41.03	.004	51.37	.15
EXAMINATIONS	250	313	12,841.73	41.03	.004	51.37	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	410	2,980	164,608.31	55.24	.034	401.48	1.87
PRINCIPAL SURGEON	208	300	100,931.73	336.44	.003	485.25	1.15
ASSISTANT SURGEON	36	36	6,625.76	184.05	.000	184.05	.08
ANESTHESIOLOGIST	212	2,644	57,050.82	21.58	.030	269.11	.65
OUTPATIENT SURGERY	1,148	2,227	262,873.11	118.04	.025	228.98	2.98
PRINCIPAL SURGEON	1,030	1,345	239,929.79	178.39	.015	232.94	2.72
ASSISTANT SURGEON	5	5	787.35	157.47	.000	157.47	.01
ANESTHESIOLOGIST	153	877	22,155.97	25.26	.010	144.81	.25
DIALYSIS	46	109	17,568.36	161.18	.001	381.92	.20
PATHOLOGY	548	1,295	10,913.89	8.43	.015	19.92	.12
RADIOLOGY	2,396	3,754	127,574.66	33.98	.043	53.24	1.45
PSYCHIATRY	1	1	44.30	44.30	.000	44.30	.00
IMMUNIZATION AND INJECTION	96	203	6,901.20	34.00	.002	71.89	.08
OTHER SERVICES/ALL X-OVERS	2,228	5,168	115,778.56	22.40	.059	51.97	1.31
@PHARMACY	17,447	109,535	\$ 4,573,243.97	\$ 41.75	1.244	\$ 262.12	\$ 51.93
PRESCRIPTION DRUGS	17,170	51,293	4,451,114.93	86.78	.582	259.24	50.54

SNF/ICF	397	2,948		343,165.44		116.41	.033	864.40	3.90
OUTPATIENTS	16,869	48,345		4,107,949.49		84.97	.549	243.52	46.64
MEDICAL SUPPLIES	983	58,242		122,129.04		2.10	.661	124.24	1.39
@DENTIST	3,284	11,655	\$	355,559.01	\$	30.51	.132	108.27	4.04
VISITS - DIAGNOSTIC	2,431	8,061		128,940.14		16.00	.092	53.04	1.46
ORAL SURGERY	352	762		40,831.95		53.59	.009	116.00	.46
DRUGS	68	79		1,781.25		22.55	.001	26.19	.02
ANESTHESIA	6	6		600.00		100.00	.000	100.00	.01
PERIODONTICS	62	66		5,582.37		84.58	.001	90.04	.06
ENDODONTICS	174	241		36,440.00		151.20	.003	209.43	.41
RESTORATIVE DENTISTRY	976	2,116		107,730.05		50.91	.024	110.38	1.22
PROSTHETICS	18	19		500.00		26.32	.000	27.78	.01
DENTURES, STAYPLATES	80	208		29,000.75		139.43	.002	362.51	.33
SPACE MAINTAINERS	20	25		2,200.00		88.00	.000	110.00	.02
MAXILLOFACIAL SERVICES	6	8		257.50		32.19	.000	42.92	.00
FRACTURES, DISLOCATIONS	1	1		700.00		700.00	.000	700.00	.01
ORTHODONTIC SERVICES	22	23		770.00		33.48	.000	35.00	.01
ALL OTHER SERVICES	58	40		225.00		5.63	.000	3.88	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL								

PAGE 6,510
03/14/05

						----- MONTHLY AVERAGE -----		
88,073 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	339	828	\$ 20,945.53	\$ 25.30	.009	\$ 61.79	\$.24	
DIAGNOSTIC AND ANC. PROCED	244	263	11,117.32	42.27	.003	45.56	.13	
EYE APPLIANCES	189	556	9,386.37	16.88	.006	49.66	.11	
OTHER OPTOMETRIC SERVICES	12	9	441.84	49.09	.000	36.82	.01	
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.000	\$ 33.44	\$.00	
VISITS	1	2	33.44	16.72	.000	33.44	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	101	141	\$ 2,710.07	\$ 19.22	.002	\$ 26.83	\$.03	

MEDICINE/INJECTIONS	41	47		1,604.29	34.13	.001	39.13	.02
SURGERY/ANES.	5	6		393.16	65.53	.000	78.63	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	56	86		678.02	7.88	.001	12.11	.01
@HOME HEALTH AGENCY	430	4,848	\$	115,355.57	\$ 23.79	.055	\$ 268.27	\$ 1.31
NURSE ANESTHESIST	1	3	\$	80.00	\$ 26.67	.000	\$ 80.00	\$.00
NURSE MIDWIFE	6	40	\$	1,465.67	\$ 36.64	.000	\$ 244.28	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	4	\$	28.83	\$ 7.21	.000	\$ 28.83	\$.00
@TOTAL HOSPITAL	6,586	26,316	\$	5,279,451.78	\$ 200.62	.299	\$ 801.62	\$ 59.94
HOSP INPATIENT TOTAL	815	2,697		4,446,890.94	1648.83	.031	5456.31	50.49
HSC HOSPITALS	686	2,469		4,073,193.94	1649.73	.028	5937.60	46.25
NON-HSC HOSPITAL TOTAL	70	228		313,238.66	1373.85	.003	4474.84	3.56
ACCOMMODATIONS	69	228		112,976.00	495.51	.003	1637.33	1.28
ADMINISTRATIVE DAYS	5	15		3,064.73	204.32	.000	612.95	.03
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	64	213		109,911.27	516.02	.002	1717.36	1.25
ANCILLARIES	69	0		200,262.66	.00	.000	2902.36	2.27
INPATIENT CROSSOVERS	74	0		60,458.34	.00	.000	817.00	.69
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,150	23,619		832,560.84	35.25	.268	135.38	9.45
MEDICAL	1,222	1,928		104,606.34	54.26	.022	85.60	1.19
SURGERY	512	792		25,886.95	32.69	.009	50.56	.29
PATHOLOGY	1,719	6,914		78,079.24	11.29	.079	45.42	.89
RADIOLOGY	1,903	2,797		254,580.44	91.02	.032	133.78	2.89
ROOM USE	3,535	4,219		162,484.71	38.51	.048	45.96	1.84
CROSSOVERS/ALL OTH OUTPTNT	2,581	6,969		206,923.16	29.69	.079	80.17	2.35
@COUNTY HOSPITAL TOTAL	61	346	\$	70,241.78	\$ 203.01	.004	\$ 1151.50	\$.80
CO HOSPITAL INPATIENT TOTAL	9	51		61,546.84	1206.80	.001	6838.54	.70
HSC HOSPITALS	8	49		56,185.02	1146.63	.001	7023.13	.64
NON-HSC HOSPITALS TOTAL	1	2		5,361.82	2680.91	.000	5361.82	.06
ACCOMMODATIONS	1	2		1,231.20	615.60	.000	1231.20	.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		1,231.20	615.60	.000	1231.20	.01
ANCILLARIES	1	0		4,130.62	.00	.000	4130.62	.05
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	57	295		8,694.94	29.47	.003	152.54	.10
MEDICAL	15	22		764.32	34.74	.000	50.95	.01
SURGERY	17	23		797.73	34.68	.000	46.93	.01
PATHOLOGY	23	106		1,714.41	16.17	.001	74.54	.02
RADIOLOGY	10	21		866.25	41.25	.000	86.63	.01
ROOM USE	34	65		3,409.45	52.45	.001	100.28	.04
CROSSOVERS/ALL OTH OUTPTNT	25	58		1,142.78	19.70	.001	45.71	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,511
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
88,073 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	6,538	25,970	\$ 5,209,210.00	\$ 200.59	.295	\$ 796.76	\$ 59.15
COMM HOSP INPATIENT TOTAL	808	2,646	4,385,344.10	1657.35	.030	5427.41	49.79
HSC HOSPITALS	680	2,420	4,017,008.92	1659.92	.027	5907.37	45.61
NON-HSC HOSPITALS TOTAL	69	226	307,876.84	1362.29	.003	4461.98	3.50
ACCOMMODATIONS	68	226	111,744.80	494.45	.003	1643.31	1.27

ADMINISTRATIVE DAYS	5	15		3,064.73	204.32	.000	612.95	.03
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	63	211		108,680.07	515.07	.002	1725.08	1.23
ANCILLARIES	68	0		196,132.04	.00	.000	2884.29	2.23
INPATIENT CROSSOVERS	74	0		60,458.34	.00	.000	817.00	.69
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,105	23,324		823,865.90	35.32	.265	134.95	9.35
MEDICAL	1,210	1,906		103,842.02	54.48	.022	85.82	1.18
SURGERY	495	769		25,089.22	32.63	.009	50.69	.28
PATHOLOGY	1,696	6,808		76,364.83	11.22	.077	45.03	.87
RADIOLOGY	1,894	2,776		253,714.19	91.40	.032	133.96	2.88
ROOM USE	3,503	4,154		159,075.26	38.29	.047	45.41	1.81
CROSSOVERS/ALL OTH OUTPTNT	2,559	6,911		205,780.38	29.78	.078	80.41	2.34
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	177	4,728	\$	715,007.24	\$ 151.23	.054	\$ 4039.59	\$ 8.12
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	13	426		61,795.56	145.06	.005	4753.50	.70
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	165	4,302		653,211.68	151.84	.049	3958.86	7.42
@INTERMEDIATE CARE FACIL.-DD	6	212	\$	35,640.66	\$ 168.12	.002	\$ 5940.11	\$.40
ICF DDH	5	183		30,339.75	165.79	.002	6067.95	.34
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1	29		5,300.91	182.79	.000	5300.91	.06
@HEMODIALYSIS TOTAL	114	5,065	\$	224,866.68	\$ 44.40	.058	\$ 1972.51	\$ 2.55
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	114	5,065		224,866.68	44.40	.058	1972.51	2.55
@REHABILITATION FACILITY	89	1,587	\$	23,391.69	\$ 14.74	.018	\$ 262.83	\$.27
HOSPITAL BASED	17	61		2,176.03	35.67	.001	128.00	.02
INDEPENDENT FACILITY	72	1,526		21,215.66	13.90	.017	294.66	.24
@LABORATORY FACILITY	3,394	16,867	\$	167,900.47	\$ 9.95	.192	\$ 49.47	\$ 1.91
PATHOLOGY	3,332	16,714		162,013.04	9.69	.190	48.62	1.84
XO AND OTHERS	77	153		5,887.43	38.48	.002	76.46	.07
@ORGANIZED OUTPATIENT CLINIC	10,681	30,058	\$	1,735,786.22	\$ 57.75	.341	\$ 162.51	\$ 19.71
CLINIC	2,874	18,391		344,896.36	18.75	.209	120.01	3.92
SURGICENTER	10	18		1,959.05	108.84	.000	195.91	.02
HEROIN DETOX CLINIC	8	137		1,567.02	11.44	.002	195.88	.02
RURAL HEALTH CLINIC	8,079	11,512		1,387,363.79	120.51	.131	171.72	15.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL							

----- MONTHLY AVERAGE -----								
88,073 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,635	70,677	\$ 564,058.16	\$ 7.98	.802	\$ 214.06	\$ 6.40	
DURABLE MED. EQUIP.	140	357	53,100.27	148.74	.004	379.29	.60	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	26	89	8,364.99	93.99	.001	321.73	.09	
MEDICAL TRANSPORTATION	378	2,955	49,202.86	16.65	.034	130.17	.56	
AMBULANCES/AIR TRANS	360	2,678	44,544.71	16.63	.030	123.74	.51	
OTHER TRANS	8	193	553.84	2.87	.002	69.23	.01	
OTHER SERVICES	14	84	4,104.31	48.86	.001	293.17	.05	
ACUPUNCTURE	45	139	2,428.70	17.47	.002	53.97	.03	

ADULT DAY HEALTH CARE CTR	149	2,258	154,641.94	68.49	.026	1037.87	1.76
GENETIC DISEASE TESTING	141	141	14,733.00	104.49	.002	104.49	.17
IHMC,MODEL-NF,NF,AIDS,MSSP	157	636	48,080.47	75.60	.007	306.25	.55
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	440	1,473	17,759.67	12.06	.017	40.36	.20
PHYSICAL THERAPIST	2	14	161.30	11.52	.000	80.65	.00
PORTABLE X-RAY	6	9	103.94	11.55	.000	17.32	.00
PROSTHETIST/ORTHOTISTS	57	191	30,274.48	158.51	.002	531.13	.34
PROSTHETICS	56	190	30,177.98	158.83	.002	538.89	.34
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.00
PSYCHOLOGIST	2	2	123.46	61.73	.000	61.73	.00
SPEECH AND AUDIOLOGY	9	16	1,209.05	75.57	.000	134.34	.01
HOSPICE SERVICES	24	380	52,083.53	137.06	.004	2170.15	.59
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	789	10,259	112,904.61	11.01	.116	143.10	1.28
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	355	51,758	18,885.89	.36	.588	53.20	.21
@CALIF. CHILDREN SERVICES*	352	4,987	\$ 410,472.95	\$ 82.31	.057	\$ 1166.12	\$ 4.66
@XOVER EXCLUDING STATE HOSP**	1,634	11,757	\$ 271,194.98	\$ 23.07	.133	\$ 165.97	\$ 3.08

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,513
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MARIN COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

112 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	150	2,629	\$ 223,750.40	\$ 85.11	23.473	\$ 1491.67	\$ 1997.77
@PHYSICIANS SERVICES	10	12	\$ 436.52	\$ 36.38	.107	\$ 43.65	\$ 3.90
OUTPATIENT VISITS	2	2	132.08	66.04	.018	66.04	1.18
OFFICE VISITS	1	1	24.00	24.00	.009	24.00	.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.009	108.08	.97
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.00	.000	.00	.00	
PSYCHIATRY	0	0		.00		.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	8	10		304.44		30.44	.089	38.06	2.72	
@PHARMACY	86	512	\$	29,450.06	\$	57.52	4.571	\$ 342.44	\$ 262.95	
PRESCRIPTION DRUGS	85	509		29,335.70		57.63	4.545	345.13	261.93	
SNF/ICF	44	331		15,817.59		47.79	2.955	359.49	141.23	
OUTPATIENTS	42	178		13,518.11		75.94	1.589	321.86	120.70	
MEDICAL SUPPLIES	2	3		114.36		38.12	.027	57.18	1.02	
@DENTIST	17	53	\$	1,268.00	\$	23.92	.473	\$ 74.59	\$ 11.32	
VISITS - DIAGNOSTIC	14	41		133.00		3.24	.366	9.50	1.19	
ORAL SURGERY	1	6		235.00		39.17	.054	235.00	2.10	
DRUGS	0	0		.00		.00	.000	.00	.00	
ANESTHESIA	0	0		.00		.00	.000	.00	.00	
PERIODONTICS	0	0		.00		.00	.000	.00	.00	
ENDODONTICS	0	0		.00		.00	.000	.00	.00	
RESTORATIVE DENTISTRY	1	2		.00		.00	.018	.00	.00	
PROSTHETICS	0	0		.00		.00	.000	.00	.00	
DENTURES, STAYPLATES	2	4		900.00		225.00	.036	450.00	8.04	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									PAGE 6,514
MOPO24	FEE-FOR-SERVICE/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED									AID CODE 17 1Y

112 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 5.48	\$ 2.74	.018	\$ 2.74	\$.05
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	5.48	2.74	.018	2.74	.05
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	11	\$ 231.81	\$ 21.07	.098	\$ 38.64	\$ 2.07
HOSP INPATIENT TOTAL	1	5	.00	.00	.045	.00	.00
HSC HOSPITALS	1	5	.00	.00	.045	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	6	231.81	38.64	.054	46.36	2.07
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	6	231.81	38.64	.054	46.36	2.07
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,515
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MARIN COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

112 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	11	\$	231.81	\$ 21.07	.098	\$ 38.64	\$ 2.07
COMM HOSP INPATIENT TOTAL	1	5		.00	.00	.045	.00	.00
HSC HOSPITALS	1	5		.00	.00	.045	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	6		231.81	38.64	.054	46.36	2.07
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	6		231.81	38.64	.054	46.36	2.07
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	60	1,640	\$	186,517.19	\$ 113.73	14.643	\$ 3108.62	\$ 1665.33
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	60	1,640		186,517.19	113.73	14.643	3108.62	1665.33
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,516
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED							
					AID CODE 17 1Y			
						----- MONTHLY AVERAGE -----		
112 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	16	399	\$	5,841.34	\$ 14.64	3.563	\$ 365.08	\$ 52.15
DURABLE MED. EQUIP.	1	1		98.67	98.67	.009	98.67	.88
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	8	143.89	17.99	.071	71.95	1.28
AMBULANCES/AIR TRANS	1	2	134.27	67.14	.018	134.27	1.20
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	6	9.62	1.60	.054	9.62	.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	7	76	4,510.82	59.35	.679	644.40	40.28
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	5	79.19	15.84	.045	39.60	.71
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	7	926.59	132.37	.063	926.59	8.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	302	82.18	.27	2.696	27.39	.73
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	32	27	\$ 4,451.44	\$ 164.87	.241	\$ 139.11	\$ 39.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND

PAGE 6,517
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,518
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,519
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00		.00
DEVELOP. DISABLED	0	0		.00		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00		.00
LEV B-REHAB MD	0	0		.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		.00
LEV B-REGULAR	0	0		.00		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	\$	.00
ICF DDH	0	0		.00		.00		.00
ICF DD	0	0		.00		.00		.00
ICF DDN/DDCN	0	0		.00		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00		.00
XO AND OTHERS	0	0		.00		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	\$	.00
CLINIC	0	0		.00		.00		.00
SURGICENTER	0	0		.00		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,520
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MARIN COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 6,521
03/14/05

466 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	533	4,490	\$ 796,031.13	\$ 177.29	9.635	\$ 1493.49	\$ 1708.22
@PHYSICIANS SERVICES	115	422	\$ 16,743.60	\$ 39.68	.906	\$ 145.60	\$ 35.93
OUTPATIENT VISITS	19	21	968.48	46.12	.045	50.97	2.08
OFFICE VISITS	12	13	454.05	34.93	.028	37.84	.97
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	8	514.43	64.30	.017	73.49	1.10
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	16	135	6,451.79	47.79	.290	403.24	13.85
HOSPITAL VISITS	16	120	4,770.99	39.76	.258	298.19	10.24
CRITICAL CARE	4	15	1,680.80	112.05	.032	420.20	3.61
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	18		835.51	46.42	.039	139.25	1.79
PRINCIPAL SURGEON	5	6		553.48	92.25	.013	110.70	1.19
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	12		282.03	23.50	.026	282.03	.61
OUTPATIENT SURGERY	7	9		837.89	93.10	.019	119.70	1.80
PRINCIPAL SURGEON	7	9		837.89	93.10	.019	119.70	1.80
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	29		111.46	3.84	.062	22.29	.24
RADIOLOGY	8	50		3,791.83	75.84	.107	473.98	8.14
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	5		730.12	146.02	.011	243.37	1.57
OTHER SERVICES/ALL X-OVERS	83	155		3,016.52	19.46	.333	36.34	6.47
@PHARMACY	409	2,914	\$	567,139.96	\$ 194.63	6.253	\$ 1386.65	\$ 1217.04
PRESCRIPTION DRUGS	408	2,389		565,794.33	236.83	5.127	1386.75	1214.15
SNF/ICF	117	917		195,716.93	213.43	1.968	1672.79	419.99
OUTPATIENTS	312	1,472		370,077.40	251.41	3.159	1186.15	794.16
MEDICAL SUPPLIES	15	525		1,345.63	2.56	1.127	89.71	2.89
@DENTIST	36	79	\$	1,763.94	\$ 22.33	.170	\$ 49.00	\$ 3.79
VISITS - DIAGNOSTIC	28	56		570.70	10.19	.120	20.38	1.22
ORAL SURGERY	8	9		308.00	34.22	.019	38.50	.66
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	5	5		636.24	127.25	.011	127.25	1.37
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	6		249.00	41.50	.013	62.25	.53
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		.00	.00	.002	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2		.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,522
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y							

466 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	12	\$ 137.91	\$ 11.49	.026	\$ 17.24	\$.30
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	8	12	137.91	11.49	.026	17.24	.30
@HOME HEALTH AGENCY	1	13	\$ 1,012.40	\$ 77.88	.028	\$ 1012.40	\$ 2.17
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	2.76	\$	2.76	.002	\$	2.76	\$	.01
@TOTAL HOSPITAL	56	228	\$	123,647.76	\$	542.31	.489	\$	2208.00	\$	265.34
HOSP INPATIENT TOTAL	13	95		121,277.90		1276.61	.204		9329.07		260.25
HSC HOSPITALS	7	71		108,699.00		1530.97	.152		15528.43		233.26
NON-HSC HOSPITAL TOTAL	2	24		8,234.90		343.12	.052		4117.45		17.67
ACCOMMODATIONS	2	24		5,551.20		231.30	.052		2775.60		11.91
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	24		5,551.20		231.30	.052		2775.60		11.91
ANCILLARIES	2	0		2,683.70		.00	.000		1341.85		5.76
INPATIENT CROSSOVERS	5	0		4,344.00		.00	.000		868.80		9.32
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	45	133		2,369.86		17.82	.285		52.66		5.09
MEDICAL	3	6		167.66		27.94	.013		55.89		.36
SURGERY	1	0		65.00CR		.00	.000		65.00CR		.14CR
PATHOLOGY	1	6		81.70		13.62	.013		81.70		.18
RADIOLOGY	3	5		74.28		14.86	.011		24.76		.16
ROOM USE	3	3		35.49CR		11.83CR	.006		11.83CR		.08CR
CROSSOVERS/ALL OTH OUTPTNT	39	113		2,146.71		19.00	.242		55.04		4.61
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,523
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

466 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	56	228	\$ 123,647.76	\$ 542.31	.489	\$ 2208.00	\$ 265.34
COMM HOSP INPATIENT TOTAL	13	95	121,277.90	1276.61	.204	9329.07	260.25
HSC HOSPITALS	7	71	108,699.00	1530.97	.152	15528.43	233.26
NON-HSC HOSPITALS TOTAL	2	24	8,234.90	343.12	.052	4117.45	17.67
ACCOMMODATIONS	2	24	5,551.20	231.30	.052	2775.60	11.91
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	24	5,551.20	231.30	.052	2775.60	11.91
ANCILLARIES	2	0	2,683.70	.00	.000	1341.85	5.76
INPATIENT CROSSOVERS	5	0	4,344.00	.00	.000	868.80	9.32
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	45	133		2,369.86	17.82	.285	52.66	5.09
MEDICAL	3	6		167.66	27.94	.013	55.89	.36
SURGERY	1	0		65.00CR	.00	.000	65.00CR	.14CR
PATHOLOGY	1	6		81.70	13.62	.013	81.70	.18
RADIOLOGY	3	5		74.28	14.86	.011	24.76	.16
ROOM USE	3	3		35.49CR	11.83CR	.006	11.83CR	.08CR
CROSSOVERS/ALL OTH OUTPTNT	39	113		2,146.71	19.00	.242	55.04	4.61
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	17	465	\$	62,155.98	\$ 133.67	.998	\$ 3656.23	\$ 133.38
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	10	296		39,982.76	135.08	.635	3998.28	85.80
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	7	169		22,173.22	131.20	.363	3167.60	47.58
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	13	19	\$	10,316.30	\$ 542.96	.041	\$ 793.56	\$ 22.14
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	13	19		10,316.30	542.96	.041	793.56	22.14
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	24	97	\$	2,224.69	\$ 22.93	.208	\$ 92.70	\$ 4.77
PATHOLOGY	21	86		2,162.88	25.15	.185	102.99	4.64
XO AND OTHERS	3	11		61.81	5.62	.024	20.60	.13
@ORGANIZED OUTPATIENT CLINIC	37	73	\$	1,994.33	\$ 27.32	.157	\$ 53.90	\$ 4.28
CLINIC	23	55		1,165.57	21.19	.118	50.68	2.50
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	14	18		828.76	46.04	.039	59.20	1.78

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 6,524
 03/14/05

466 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	34	167	\$ 8,891.50	\$ 53.24	.358	\$ 261.51	\$ 19.08
DURABLE MED. EQUIP.	3	7	2,968.63	424.09	.015	989.54	6.37
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	61	709.27	11.63	.131	101.32	1.52
AMBULANCES/AIR TRANS	5	53	665.74	12.56	.114	133.15	1.43
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	8	43.53	5.44	.017	21.77	.09
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	15	202.73	13.52	.032	67.58	.44
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	4	31	3,233.47	104.31	.067	808.37	6.94
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	53	1,777.40	33.54	.114	104.55	3.81
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	127	358	\$ 21,373.51	\$ 59.70	.768	\$ 168.30	\$ 45.87

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,525
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37	

138 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	178	1,078	\$ 473,718.37	\$ 439.44	7.812	\$ 2661.34	\$ 3432.74
@PHYSICIANS SERVICES	104	402	\$ 290,801.13	\$ 723.39	2.913	\$ 2796.16	\$ 2107.25
OUTPATIENT VISITS	53	81	4,641.93	57.31	.587	87.58	33.64
OFFICE VISITS	19	29	810.99	27.97	.210	42.68	5.88
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	34	51	3,816.46	74.83	.370	112.25	27.66
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	1	1	14.48	14.48	.007	14.48	.10
INPATIENT VISITS	27	107	4,049.79	37.85	.775	149.99	29.35
HOSPITAL VISITS	27	107	4,049.79	37.85	.775	149.99	29.35
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	34.44	34.44	.007	34.44	.25
EXAMINATIONS	1	1	34.44	34.44	.007	34.44	.25
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	22	2,828.75	128.58	.159	353.59	20.50
PRINCIPAL SURGEON	6	8	2,460.45	307.56	.058	410.08	17.83
ASSISTANT SURGEON	1	1	46.91	46.91	.007	46.91	.34
ANESTHESIOLOGIST	2	13	321.39	24.72	.094	160.70	2.33
OUTPATIENT SURGERY	18	56	2,992.78	53.44	.406	166.27	21.69
PRINCIPAL SURGEON	15	16	2,224.26	139.02	.116	148.28	16.12
ASSISTANT SURGEON	1	1	68.88	68.88	.007	68.88	.50
ANESTHESIOLOGIST	4	39	699.64	17.94	.283	174.91	5.07
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	5	73.09	14.62	.036	18.27	.53
RADIOLOGY	27	67	2,230.33	33.29	.486	82.60	16.16
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	10.93	10.93	.007	10.93	.08
OTHER SERVICES/ALL X-OVERS	27	62	273,939.09	4418.37	.449	10145.89	1985.07
@PHARMACY	29	81	\$ 7,229.43	\$ 89.25	.587	\$ 249.29	\$ 52.39
PRESCRIPTION DRUGS	29	81	7,229.43	89.25	.587	249.29	52.39
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	29	81	7,229.43	89.25	.587	249.29	52.39
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	24	89	\$ 2,627.50	\$ 29.52	.645	\$ 109.48	\$ 19.04
VISITS - DIAGNOSTIC	15	34	285.00	8.38	.246	19.00	2.07
ORAL SURGERY	5	30	1,171.50	39.05	.217	234.30	8.49
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.007	.00	.00
ENDODONTICS	2	2	.00	.00	.014	.00	.00
RESTORATIVE DENTISTRY	7	7	271.00	38.71	.051	38.71	1.96
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	15	900.00	60.00	.109	450.00	6.52
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,526
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

138 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	63	349	\$ 167,485.73	\$ 479.90	2.529	\$ 2658.50	\$ 1213.66
HOSP INPATIENT TOTAL	18	104	160,268.68	1541.05	.754	8903.82	1161.37
HSC HOSPITALS	13	86	131,931.05	1534.08	.623	10148.54	956.02
NON-HSC HOSPITAL TOTAL	5	18	28,337.63	1574.31	.130	5667.53	205.35
ACCOMMODATIONS	5	18	12,535.80	696.43	.130	2507.16	90.84
ADMINISTRATIVE DAYS	1	1	231.30	231.30	.007	231.30	1.68
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	17	12,304.50	723.79	.123	3076.13	89.16
ANCILLARIES	5	0	15,801.83	.00	.000	3160.37	114.51
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	47	245	7,217.05	29.46	1.775	153.55	52.30
MEDICAL	18	24	691.85	28.83	.174	38.44	5.01
SURGERY	9	9	353.75	39.31	.065	39.31	2.56
PATHOLOGY	22	85	822.59	9.68	.616	37.39	5.96
RADIOLOGY	22	43	3,314.77	77.09	.312	150.67	24.02
ROOM USE	29	38	1,575.89	41.47	.275	54.34	11.42
CROSSOVERS/ALL OTH OUTPTNT	19	46	458.20	9.96	.333	24.12	3.32
@COUNTY HOSPITAL TOTAL	1	4	\$ 96.16	\$ 24.04	.029	\$ 96.16	\$.70
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	4	96.16	24.04	.029	96.16	.70
MEDICAL	1	1	17.93	17.93	.007	17.93	.13
SURGERY	1	1	6.07	6.07	.007	6.07	.04
PATHOLOGY	1	2	72.16	36.08	.014	72.16	.52
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,527
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	138 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	62	345	\$ 167,389.57	\$ 485.19	2.500	\$ 2699.83	\$ 1212.97	
COMM HOSP INPATIENT TOTAL	18	104	160,268.68	1541.05	.754	8903.82	1161.37	
HSC HOSPITALS	13	86	131,931.05	1534.08	.623	10148.54	956.02	
NON-HSC HOSPITALS TOTAL	5	18	28,337.63	1574.31	.130	5667.53	205.35	
ACCOMMODATIONS	5	18	12,535.80	696.43	.130	2507.16	90.84	

ADMINISTRATIVE DAYS	1	1		231.30	231.30	.007	231.30	1.68
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	17		12,304.50	723.79	.123	3076.13	89.16
ANCILLARIES	5	0		15,801.83	.00	.000	3160.37	114.51
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	46	241		7,120.89	29.55	1.746	154.80	51.60
MEDICAL	17	23		673.92	29.30	.167	39.64	4.88
SURGERY	8	8		347.68	43.46	.058	43.46	2.52
PATHOLOGY	21	83		750.43	9.04	.601	35.73	5.44
RADIOLOGY	22	43		3,314.77	77.09	.312	150.67	24.02
ROOM USE	29	38		1,575.89	41.47	.275	54.34	11.42
CROSSOVERS/ALL OTH OUTPTNT	19	46		458.20	9.96	.333	24.12	3.32
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	11	37	\$	780.82	\$ 21.10	.268	\$ 70.98	\$ 5.66
PATHOLOGY	11	37		780.82	21.10	.268	70.98	5.66
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	8	10	\$	1,293.57	\$ 129.36	.072	\$ 161.70	\$ 9.37
CLINIC	1	2		44.71	22.36	.014	44.71	.32
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	8		1,248.86	156.11	.058	178.41	9.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,528
MPO24	FEE-FOR-SERVICE/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37							

----- MONTHLY AVERAGE -----								
138 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	10	110 \$	3,500.19	\$ 31.82	.797	\$ 350.02	\$ 25.36	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	8	97	3,385.10	34.90	.703	423.14	24.53	
AMBULANCES/AIR TRANS	8	96	1,585.10	16.51	.696	198.14	11.49	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	1	1	1,800.00	1800.00	.007	1800.00	13.04	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	21.54	10.77	.014	21.54	.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	11	93.55	8.50	.080	46.78	.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	11	\$ 271,900.87	\$ 24718.26	.080	\$ 45316.81	\$ 1970.30
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,529
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL	

716 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	861	8,197	\$ 1,493,499.90	\$ 182.20	11.448	\$ 1734.61	\$ 2085.89
@PHYSICIANS SERVICES	229	836	\$ 307,981.25	\$ 368.40	1.168	\$ 1344.90	\$ 430.14
OUTPATIENT VISITS	74	104	5,742.49	55.22	.145	77.60	8.02
OFFICE VISITS	32	43	1,289.04	29.98	.060	40.28	1.80
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	42	60	4,438.97	73.98	.084	105.69	6.20
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	14.48	14.48	.001	14.48	.02
INPATIENT VISITS	43	242	10,501.58	43.39	.338	244.22	14.67
HOSPITAL VISITS	43	227	8,820.78	38.86	.317	205.13	12.32
CRITICAL CARE	4	15	1,680.80	112.05	.021	420.20	2.35
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	34.44	34.44	.001	34.44	.05
EXAMINATIONS	1	1	34.44	34.44	.001	34.44	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	14	40	3,664.26	91.61	.056	261.73	5.12
PRINCIPAL SURGEON	11	14	3,013.93	215.28	.020	273.99	4.21
ASSISTANT SURGEON	1	1	46.91	46.91	.001	46.91	.07
ANESTHESIOLOGIST	3	25	603.42	24.14	.035	201.14	.84
OUTPATIENT SURGERY	25	65	3,830.67	58.93	.091	153.23	5.35
PRINCIPAL SURGEON	22	25	3,062.15	122.49	.035	139.19	4.28
ASSISTANT SURGEON	1	1	68.88	68.88	.001	68.88	.10
ANESTHESIOLOGIST	4	39	699.64	17.94	.054	174.91	.98
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	34	184.55	5.43	.047	20.51	.26

RADIOLOGY	35	117		6,022.16		51.47	.163	172.06	8.41	
PSYCHIATRY	0	0		.00		.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	4	6		741.05		123.51	.008	185.26	1.03	
OTHER SERVICES/ALL X-OVERS	118	227		277,260.05		1221.41	.317	2349.66	387.23	
@PHARMACY	524	3,507	\$	603,819.45	\$	172.18	4.898	\$ 1152.33	\$ 843.32	
PRESCRIPTION DRUGS	522	2,979		602,359.46		202.20	4.161	1153.95	841.28	
SNF/ICF	161	1,248		211,534.52		169.50	1.743	1313.88	295.44	
OUTPATIENTS	383	1,731		390,824.94		225.78	2.418	1020.43	545.84	
MEDICAL SUPPLIES	17	528		1,459.99		2.77	.737	85.88	2.04	
@DENTIST	77	221	\$	5,659.44	\$	25.61	.309	\$ 73.50	\$ 7.90	
VISITS - DIAGNOSTIC	57	131		988.70		7.55	.183	17.35	1.38	
ORAL SURGERY	14	45		1,714.50		38.10	.063	122.46	2.39	
DRUGS	0	0		.00		.00	.000	.00	.00	
ANESTHESIA	0	0		.00		.00	.000	.00	.00	
PERIODONTICS	6	6		636.24		106.04	.008	106.04	.89	
ENDODONTICS	2	2		.00		.00	.003	.00	.00	
RESTORATIVE DENTISTRY	12	15		520.00		34.67	.021	43.33	.73	
PROSTHETICS	0	0		.00		.00	.000	.00	.00	
DENTURES, STAYPLATES	5	20		1,800.00		90.00	.028	360.00	2.51	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00	
ALL OTHER SERVICES	2	2		.00		.00	.003	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									PAGE 6,530
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL									

	716 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	10	14	\$	143.39	\$ 10.24	.020	\$ 14.34	\$.20
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	10	14		143.39	10.24	.020	14.34	.20
@HOME HEALTH AGENCY	1	13	\$	1,012.40	\$ 77.88	.018	\$ 1012.40	\$ 1.41
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	2.76	\$ 2.76	.001	\$ 2.76	\$.00
@TOTAL HOSPITAL	125	588	\$	291,365.30	\$ 495.52	.821	\$ 2330.92	\$ 406.93
HOSP INPATIENT TOTAL	32	204		281,546.58	1380.13	.285	8798.33	393.22
HSC HOSPITALS	21	162		240,630.05	1485.37	.226	11458.57	336.08
NON-HSC HOSPITAL TOTAL	7	42		36,572.53	870.77	.059	5224.65	51.08
ACCOMMODATIONS	7	42		18,087.00	430.64	.059	2583.86	25.26
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.001	231.30	.32
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	41		17,855.70	435.50	.057	2975.95	24.94
ANCILLARIES	7	0		18,485.53	.00	.000	2640.79	25.82
INPATIENT CROSSOVERS	5	0		4,344.00	.00	.000	868.80	6.07
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	97	384		9,818.72	25.57	.536	101.22	13.71
MEDICAL	21	30		859.51	28.65	.042	40.93	1.20
SURGERY	10	9		288.75	32.08	.013	28.88	.40
PATHOLOGY	23	91		904.29	9.94	.127	39.32	1.26
RADIOLOGY	25	48		3,389.05	70.61	.067	135.56	4.73
ROOM USE	32	41		1,540.40	37.57	.057	48.14	2.15
CROSSOVERS/ALL OTH OUTPTNT	63	165		2,836.72	17.19	.230	45.03	3.96
@COUNTY HOSPITAL TOTAL	1	4	\$	96.16	\$ 24.04	.006	\$ 96.16	\$.13
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	4		96.16	24.04	.006	96.16	.13
MEDICAL	1	1		17.93	17.93	.001	17.93	.03
SURGERY	1	1		6.07	6.07	.001	6.07	.01
PATHOLOGY	1	2		72.16	36.08	.003	72.16	.10
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,531
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

716 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

----- MONTHLY AVERAGE -----
AVERAGE COST UNITS/DAYS COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	124	584	\$	291,269.14	\$ 498.75	.816	\$ 2348.94	\$ 406.80
COMM HOSP INPATIENT TOTAL	32	204		281,546.58	1380.13	.285	8798.33	393.22
HSC HOSPITALS	21	162		240,630.05	1485.37	.226	11458.57	336.08
NON-HSC HOSPITALS TOTAL	7	42		36,572.53	870.77	.059	5224.65	51.08
ACCOMMODATIONS	7	42		18,087.00	430.64	.059	2583.86	25.26
ADMINISTRATIVE DAYS	1	1		231.30	231.30	.001	231.30	.32
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	41		17,855.70	435.50	.057	2975.95	24.94
ANCILLARIES	7	0		18,485.53	.00	.000	2640.79	25.82
INPATIENT CROSSOVERS	5	0		4,344.00	.00	.000	868.80	6.07
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	96	380		9,722.56	25.59	.531	101.28	13.58
MEDICAL	20	29		841.58	29.02	.041	42.08	1.18
SURGERY	9	8		282.68	35.34	.011	31.41	.39
PATHOLOGY	22	89		832.13	9.35	.124	37.82	1.16
RADIOLOGY	25	48		3,389.05	70.61	.067	135.56	4.73
ROOM USE	32	41		1,540.40	37.57	.057	48.14	2.15
CROSSOVERS/ALL OTH OUTPTNT	63	165		2,836.72	17.19	.230	45.03	3.96
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	77	2,105	\$	248,673.17	\$ 118.13	2.940	\$ 3229.52	\$ 347.31
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	10	296		39,982.76	135.08	.413	3998.28	55.84
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	67	1,809		208,690.41	115.36	2.527	3114.78	291.47
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	13	19	\$	10,316.30	\$ 542.96	.027	\$ 793.56	\$ 14.41
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	13	19		10,316.30	542.96	.027	793.56	14.41
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	35	134	\$	3,005.51	\$ 22.43	.187	\$ 85.87	\$ 4.20
PATHOLOGY	32	123		2,943.70	23.93	.172	91.99	4.11
XO AND OTHERS	3	11		61.81	5.62	.015	20.60	.09
@ORGANIZED OUTPATIENT CLINIC	45	83	\$	3,287.90	\$ 39.61	.116	\$ 73.06	\$ 4.59
CLINIC	24	57		1,210.28	21.23	.080	50.43	1.69
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	21	26		2,077.62	79.91	.036	98.93	2.90
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

PAGE 6,532
03/14/05

	716 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	60		676 \$	18,233.03	\$ 26.97	.944	\$ 303.88	\$ 25.47
DURABLE MED. EQUIP.	4		8	3,067.30	383.41	.011	766.83	4.28
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	17	166	4,238.26	25.53	.232	249.31	5.92
AMBULANCES/AIR TRANS	14	151	2,385.11	15.80	.211	170.37	3.33
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	15	1,853.15	123.54	.021	463.29	2.59
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	7	76	4,510.82	59.35	.106	644.40	6.30
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	22	303.46	13.79	.031	50.58	.42
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	5	38	4,160.06	109.48	.053	832.01	5.81
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	11	93.55	8.50	.015	46.78	.13
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	355	1,859.58	5.24	.496	92.98	2.60
@CALIF. CHILDREN SERVICES*	6	11	\$ 271,900.87	\$ 24718.26	.015	\$ 45316.81	\$ 379.75
@XOVER EXCLUDING STATE HOSP**	159	385	\$ 25,824.95	\$ 67.08	.538	\$ 162.42	\$ 36.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,533
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED	AID CODE 13

3,687 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,587	154,698	\$ 11,559,044.52	\$ 74.72	41.958	\$ 3222.48	\$ 3135.08
@PHYSICIANS SERVICES	243	496	\$ 7,157.72	\$ 14.43	.135	\$ 29.46	\$ 1.94
OUTPATIENT VISITS	2	2	216.16	108.08	.001	108.08	.06
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	216.16	108.08	.001	108.08	.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	3	73.90	24.63	.001	36.95	.02
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	3	73.90	24.63	.001	36.95	.02
OPHTHALMOLOGICAL SERVICES	3	4	154.83	38.71	.001	51.61	.04
EXAMINATIONS	3	4	154.83	38.71	.001	51.61	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	3	56.40	18.80	.001	56.40	.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	236	484	6,656.43	13.75	.131	28.21	1.81
@PHARMACY	2,498	15,589	\$ 732,926.16	\$ 47.02	4.228	\$ 293.41	\$ 198.79
PRESCRIPTION DRUGS	2,494	14,305	729,577.78	51.00	3.880	292.53	197.88
SNF/ICF	2,108	12,916	664,266.28	51.43	3.503	315.12	180.16
OUTPATIENTS	422	1,389	65,311.50	47.02	.377	154.77	17.71
MEDICAL SUPPLIES	36	1,284	3,348.38	2.61	.348	93.01	.91
@DENTIST	277	510	\$ 22,738.25	\$ 44.58	.138	\$ 82.09	\$ 6.17
VISITS - DIAGNOSTIC	252	429	11,156.25	26.01	.116	44.27	3.03
ORAL SURGERY	6	35	861.00	24.60	.009	143.50	.23
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	55.00	55.00	.000	55.00	.01
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	5	186.00	37.20	.001	37.20	.05
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	25	37	10,480.00	283.24	.010	419.20	2.84
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	3	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024 FEE-FOR-SERVICE/DENTAL							
MARIN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED							
AID CODE 13							
----- MONTHLY AVERAGE -----							
3,687 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	22	65	\$ 1,129.22	\$ 17.37	.018	\$ 51.33	\$.31
DIAGNOSTIC AND ANC. PROCED	2	2	54.95	27.48	.001	27.48	.01
EYE APPLIANCES	20	63	1,074.27	17.05	.017	53.71	.29
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	254	331	\$ 1,849.63	\$ 5.59	.090	\$ 7.28	\$.50
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	254	331	1,849.63	5.59	.090	7.28	.50
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	56	226	\$ 55,536.45	\$ 245.74	.061	\$ 991.72	\$ 15.06
HOSP INPATIENT TOTAL	23	41	52,606.44	1283.08	.011	2287.24	14.27
HSC HOSPITALS	5	41	40,119.89	978.53	.011	8023.98	10.88

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	18	0	12,486.55	.00	.000	693.70	3.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	34	185	2,930.01	15.84	.050	86.18	.79
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	26.13	26.13	.000	26.13	.01
CROSSOVERS/ALL OTH OUTPTNT	33	184	2,903.88	15.78	.050	88.00	.79
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
3,687 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	56	226	\$ 55,536.45	\$ 245.74	.061	\$ 991.72	\$ 15.06
COMM HOSP INPATIENT TOTAL	23	41	52,606.44	1283.08	.011	2287.24	14.27
HSC HOSPITALS	5	41	40,119.89	978.53	.011	8023.98	10.88
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	18	0	12,486.55	.00	.000	693.70	3.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	34	185	2,930.01	15.84	.050	86.18	.79
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	26.13	26.13	.000	26.13	.01
CROSSOVERS/ALL OTH OUTPTNT	33	184	2,903.88	15.78	.050	88.00	.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3,102	96,658	\$ 10,465,510.80	\$ 108.27	26.216	\$ 3373.79	\$ 2838.49
LEV A-INTERMEDIATE	10	335	20,213.90	60.34	.091	2021.39	5.48
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3,092	96,323	10,445,296.90	108.44	26.125	3378.17	2833.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	7	\$ 79.35	\$ 11.34	.002	\$ 26.45	\$.02
PATHOLOGY	1	3	41.00	13.67	.001	41.00	.01
XO AND OTHERS	2	4	38.35	9.59	.001	19.18	.01
@ORGANIZED OUTPATIENT CLINIC	1	1	\$ 174.92	\$ 174.92	.000	\$ 174.92	\$.05
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	1	174.92	174.92	.000	174.92	.05
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

3,687 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	299	40,815	\$ 271,942.02	\$ 6.66	11.070	\$ 909.51	\$ 73.76
DURABLE MED. EQUIP.	29	414	20,388.00	49.25	.112	703.03	5.53
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	4	104.52	26.13	.001	34.84	.03
MEDICAL TRANSPORTATION	27	282	2,623.63	9.30	.076	97.17	.71
AMBULANCES/AIR TRANS	13	132	1,659.57	12.57	.036	127.66	.45
OTHER TRANS	13	141	925.57	6.56	.038	71.20	.25
OTHER SERVICES	1	9	38.49	4.28	.002	38.49	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	71	4,940.18	69.58	.019	988.04	1.34
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	29	79	940.71	11.91	.021	32.44	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	42	61	71.13	1.17	.017	1.69	.02
PROSTHETIST/ORTHOTISTS	1	1	57.49	57.49	.000	57.49	.02
PROSTHETICS	1	1	57.49	57.49	.000	57.49	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	4	82.92	20.73	.001	41.46	.02
SPEECH AND AUDIOLOGY	42	79	6,796.02	86.03	.021	161.81	1.84
HOSPICE SERVICES	69	2,394	226,832.22	94.75	.649	3287.42	61.52
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	63	37,426	9,105.20	.24	10.151	144.53	2.47
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	694	12,600	\$ 189,805.31	\$ 15.06	3.417	\$ 273.49	\$ 51.48

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

PAGE 6,537
03/14/05

35 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	33	1,007	\$ 124,452.76	\$ 123.59	28.771	\$ 3771.30	\$ 3555.79
@PHYSICIANS SERVICES	5	6	\$ 156.09	\$ 26.02	.171	\$ 31.22	\$ 4.46
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2		91.35	45.68	.057	91.35	2.61
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2		91.35	45.68	.057	91.35	2.61
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	4		64.74	16.19	.114	16.19	1.85
@PHARMACY	20	89	\$	6,086.36	\$ 68.39	2.543	\$ 304.32	\$ 173.90
PRESCRIPTION DRUGS	20	89		6,086.36	68.39	2.543	304.32	173.90
SNF/ICF	20	88		6,102.76	69.35	2.514	305.14	174.36
OUTPATIENTS	0	1		16.40CR	16.40CR	.029	.00	.47CR
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	2	8	\$	380.00	\$ 47.50	.229	\$ 190.00	\$ 10.86
VISITS - DIAGNOSTIC	2	7		180.00	25.71	.200	90.00	5.14
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		200.00	200.00	.029	200.00	5.71
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,538
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND							
	AID CODE 23							

	35 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0		0 \$	.00	.00	.000	.00	.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00	.00	.000	.00	.00
EYE APPLIANCES	0		0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0		0 \$	.00	.00	.000	.00	.00
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	2		3 \$	5.63	\$ 1.88	.086	\$ 2.82	\$.16
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	2		3	5.63	1.88	.086	2.82	.16
@HOME HEALTH AGENCY	0		0 \$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0		0 \$	.00	.00	.000	.00	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2	8	\$	226.78	\$	28.35	.229	\$	113.39	\$	6.48
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	8		226.78		28.35	.229		113.39		6.48
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	2		166.74		83.37	.057		166.74		4.76
CROSSOVERS/ALL OTH OUTPTNT	2	6		60.04		10.01	.171		30.02		1.72
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,539
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

35 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	8	\$ 226.78	\$ 28.35	.229	\$ 113.39	\$ 6.48
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	2	8		226.78	28.35	.229	113.39	6.48
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	2		166.74	83.37	.057	166.74	4.76
CROSSOVERS/ALL OTH OUTPTNT	2	6		60.04	10.01	.171	30.02	1.72
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	8	210	\$	25,691.38	\$ 122.34	6.000	\$ 3211.42	\$ 734.04
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	8	210		25,691.38	122.34	6.000	3211.42	734.04
@INTERMEDIATE CARE FACIL.-DD	21	615	\$	91,128.62	\$ 148.18	17.571	\$ 4339.46	\$ 2603.67
ICF DDH	21	615		91,128.62	148.18	17.571	4339.46	2603.67
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,540
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

35 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	68	\$ 777.90	\$ 11.44	1.943	\$ 129.65	\$ 22.23
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	50.00	25.00	.057	50.00	1.43
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	1	31.96	31.96	.029	31.96	.91
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.89	.89	.029	.89	.03
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	14	641.92	45.85	.400	213.97	18.34
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	50	53.13	1.06	1.429	53.13	1.52
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	8	14	\$ 366.06	\$ 26.15	.400	\$ 45.76	\$ 10.46

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,541
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED	AID CODE 63

927 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	955	105,201	\$ 4,200,989.43	\$ 39.93	113.485	\$ 4398.94	\$ 4531.81
@PHYSICIANS SERVICES	195	561	\$ 10,818.84	\$ 19.28	.605	\$ 55.48	\$ 11.67
OUTPATIENT VISITS	14	28	794.90	28.39	.030	56.78	.86
OFFICE VISITS	9	17	462.00	27.18	.018	51.33	.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	185.06	46.27	.004	46.27	.20
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	4	7		147.84	21.12	.008	36.96	.16
INPATIENT VISITS	27	47		1,725.25	36.71	.051	63.90	1.86
HOSPITAL VISITS	9	17		736.25	43.31	.018	81.81	.79
CRITICAL CARE	1	2		243.20	121.60	.002	243.20	.26
SNF/ICF/TRANS IP CARE	19	28		745.80	26.64	.030	39.25	.80
OPHTHALMOLOGICAL SERVICES	4	4		130.03	32.51	.004	32.51	.14
EXAMINATIONS	4	4		130.03	32.51	.004	32.51	.14
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	3		472.16	157.39	.003	236.08	.51
PRINCIPAL SURGEON	2	3		472.16	157.39	.003	236.08	.51
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	11	47		2,303.20	49.00	.051	209.38	2.48
PRINCIPAL SURGEON	2	3		1,067.20	355.73	.003	533.60	1.15
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	44		1,236.00	28.09	.047	123.60	1.33
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	76		265.29	3.49	.082	37.90	.29
RADIOLOGY	8	24		1,242.05	51.75	.026	155.26	1.34
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	143	332		3,885.96	11.70	.358	27.17	4.19
@PHARMACY	813	41,198	\$	584,591.51	\$ 14.19	44.442	\$ 719.05	\$ 630.63
PRESCRIPTION DRUGS	801	5,243		572,442.92	109.18	5.656	714.66	617.52
SNF/ICF	595	4,606		533,709.81	115.87	4.969	896.99	575.74
OUTPATIENTS	223	637		38,733.11	60.81	.687	173.69	41.78
MEDICAL SUPPLIES	91	35,955		12,148.59	.34	38.786	133.50	13.11
@DENTIST	58	259	\$	11,005.50	\$ 42.49	.279	\$ 189.75	\$ 11.87
VISITS - DIAGNOSTIC	58	198		4,644.70	23.46	.214	80.08	5.01
ORAL SURGERY	5	14		835.00	59.64	.015	167.00	.90
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	25	28		4,649.00	166.04	.030	185.96	5.02
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	9	17		876.80	51.58	.018	97.42	.95
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2		.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,542
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

927 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	30	\$ 536.03	\$ 17.87	.032	\$ 38.29	\$.58
DIAGNOSTIC AND ANC. PROCED	3	4	134.34	33.59	.004	44.78	.14
EYE APPLIANCES	5	15	213.80	14.25	.016	42.76	.23
OTHER OPTOMETRIC SERVICES	7	11	187.89	17.08	.012	26.84	.20
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	40	51	\$ 321.54	\$ 6.30	.055	\$ 8.04	\$.35

MEDICINE/INJECTIONS	4	4	96.00	24.00	.004	24.00	.10
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	36	47	225.54	4.80	.051	6.27	.24
@HOME HEALTH AGENCY	1	13	\$ 1,015.90	\$ 78.15	.014	\$ 1015.90	\$ 1.10
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	109	574	\$ 100,598.64	\$ 175.26	.619	\$ 922.92	\$ 108.52
HOSP INPATIENT TOTAL	13	50	86,984.00	1739.68	.054	6691.08	93.83
HSC HOSPITALS	2	50	76,480.00	1529.60	.054	38240.00	82.50
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	11	0	10,504.00	.00	.000	954.91	11.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	97	524	13,614.64	25.98	.565	140.36	14.69
MEDICAL	21	42	2,632.58	62.68	.045	125.36	2.84
SURGERY	7	7	342.88	48.98	.008	48.98	.37
PATHOLOGY	30	210	2,093.05	9.97	.227	69.77	2.26
RADIOLOGY	8	23	1,805.40	78.50	.025	225.68	1.95
ROOM USE	31	54	3,651.93	67.63	.058	117.80	3.94
CROSSOVERS/ALL OTH OUTPTNT	56	188	3,088.80	16.43	.203	55.16	3.33
@COUNTY HOSPITAL TOTAL	3	18	\$ 122.46	\$ 6.80	.019	\$ 40.82	\$.13
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	18	122.46	6.80	.019	40.82	.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	18	122.46	6.80	.019	40.82	.13

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,543
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
927 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	106	556	\$ 100,476.18	\$ 180.71	.600	\$ 947.89	\$ 108.39
COMM HOSP INPATIENT TOTAL	13	50	86,984.00	1739.68	.054	6691.08	93.83
HSC HOSPITALS	2	50	76,480.00	1529.60	.054	38240.00	82.50
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	11	0		10,504.00	.00	.000	954.91	11.33
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	94	506		13,492.18	26.66	.546	143.53	14.55
MEDICAL	21	42		2,632.58	62.68	.045	125.36	2.84
SURGERY	7	7		342.88	48.98	.008	48.98	.37
PATHOLOGY	30	210		2,093.05	9.97	.227	69.77	2.26
RADIOLOGY	8	23		1,805.40	78.50	.025	225.68	1.95
ROOM USE	31	54		3,651.93	67.63	.058	117.80	3.94
CROSSOVERS/ALL OTH OUTPTNT	53	170		2,966.34	17.45	.183	55.97	3.20
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	377	12,224	\$	1,537,019.29	\$ 125.74	13.187	\$ 4076.97	\$ 1658.06
LEV A-INTERMEDIATE	9	366		23,126.16	63.19	.395	2569.57	24.95
LEV B-REHAB MD	49	1,719		219,631.28	127.77	1.854	4482.27	236.93
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	352		142,000.32	403.41	.380	11833.36	153.18
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	307	9,787		1,152,261.53	117.73	10.558	3753.29	1243.00
@INTERMEDIATE CARE FACIL.-DD	390	12,759	\$	1,898,409.94	\$ 148.79	13.764	\$ 4867.72	\$ 2047.91
ICF DDH	389	12,670		1,882,195.50	148.56	13.668	4838.55	2030.42
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1	89		16,214.44	182.18	.096	16214.44	17.49
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	4	\$	77.86	\$ 19.47	.004	\$ 38.93	\$.08
HOSPITAL BASED	2	4		77.86	19.47	.004	38.93	.08
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	12	31	\$	767.42	\$ 24.76	.033	\$ 63.95	\$.83
PATHOLOGY	11	28		667.86	23.85	.030	60.71	.72
XO AND OTHERS	2	3		99.56	33.19	.003	49.78	.11
@ORGANIZED OUTPATIENT CLINIC	8	13	\$	1,066.80	\$ 82.06	.014	\$ 133.35	\$ 1.15
CLINIC	1	1		53.11	53.11	.001	53.11	.06
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	12		1,013.69	84.47	.013	144.81	1.09

#CALIF DEPT OF HEALTH SERV MPO024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

PAGE 6,544 03/14/05

----- MONTHLY AVERAGE -----								
927 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	163	37,484	\$ 54,760.16	\$ 1.46	40.436	\$ 335.95	\$ 59.07	
DURABLE MED. EQUIP.	25	189	18,345.27	97.06	.204	733.81	19.79	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	19	193	2,213.32	11.47	.208	116.49	2.39	
AMBULANCES/AIR TRANS	12	230	1,993.73	8.67	.248	166.14	2.15	
OTHER TRANS	3	82	172.00	2.10	.088	57.33	.19	
OTHER SERVICES	4	119CR	47.59	.40CR	.128CR	11.90	.05	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	35	506.11	14.46	.038	50.61	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	8	10	115.76	11.58	.011	14.47	.12
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	21.19	7.06	.003	21.19	.02
SPEECH AND AUDIOLOGY	53	216	8,864.11	41.04	.233	167.25	9.56
HOSPICE SERVICES	4	166	18,034.94	108.64	.179	4508.74	19.46
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	64	36,672	6,659.46	.18	39.560	104.05	7.18
@CALIF. CHILDREN SERVICES*	1	1	\$ 46.44	\$ 46.44	.001	\$ 46.44	\$.05
@XOVER EXCLUDING STATE HOSP**	285	554	\$ 39,454.63	\$ 71.22	.598	\$ 138.44	\$ 42.56

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,545
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,546
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,547
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 MARIN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS

COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSTOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000 \$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000 \$	.00 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,549

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

4,649 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,575	260,906	\$ 15,884,486.71	\$ 60.88	56.121	\$ 3472.02	\$ 3416.75
@PHYSICIANS SERVICES	443	1,063	\$ 18,132.65	\$ 17.06	.229	\$ 40.93	\$ 3.90
OUTPATIENT VISITS	16	30	1,011.06	33.70	.006	63.19	.22
OFFICE VISITS	9	17	462.00	27.18	.004	51.33	.10
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6	401.22	66.87	.001	66.87	.09
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	7	147.84	21.12	.002	36.96	.03
INPATIENT VISITS	29	50	1,799.15	35.98	.011	62.04	.39
HOSPITAL VISITS	9	17	736.25	43.31	.004	81.81	.16
CRITICAL CARE	1	2	243.20	121.60	.000	243.20	.05
SNF/ICF/TRANS IP CARE	21	31	819.70	26.44	.007	39.03	.18
OPHTHALMOLOGICAL SERVICES	7	8	284.86	35.61	.002	40.69	.06
EXAMINATIONS	7	8	284.86	35.61	.002	40.69	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	3	472.16	157.39	.001	236.08	.10
PRINCIPAL SURGEON	2	3	472.16	157.39	.001	236.08	.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	12	49		2,394.55	48.87	.011	199.55	.52
PRINCIPAL SURGEON	2	3		1,067.20	355.73	.001	533.60	.23
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	46		1,327.35	28.86	.010	120.67	.29
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	76		265.29	3.49	.016	37.90	.06
RADIOLOGY	9	27		1,298.45	48.09	.006	144.27	.28
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	383	820		10,607.13	12.94	.176	27.69	2.28
@PHARMACY	3,331	56,876	\$	1,323,604.03	\$ 23.27	12.234	\$ 397.36	\$ 284.71
PRESCRIPTION DRUGS	3,315	19,637		1,308,107.06	66.61	4.224	394.60	281.37
SNF/ICF	2,723	17,610		1,204,078.85	68.37	3.788	442.19	259.00
OUTPATIENTS	645	2,027		104,028.21	51.32	.436	161.28	22.38
MEDICAL SUPPLIES	127	37,239		15,496.97	.42	8.010	122.02	3.33
@DENTIST	337	777	\$	34,123.75	\$ 43.92	.167	\$ 101.26	\$ 7.34
VISITS - DIAGNOSTIC	312	634		15,980.95	25.21	.136	51.22	3.44
ORAL SURGERY	11	49		1,696.00	34.61	.011	154.18	.36
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	27	30		4,904.00	163.47	.006	181.63	1.05
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	14	22		1,062.80	48.31	.005	75.91	.23
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	25	37		10,480.00	283.24	.008	419.20	2.25
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	7	5		.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

PAGE 6,550

03/14/05

MARIN COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

4,649 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	36	95	\$ 1,665.25	\$ 17.53	.020	\$ 46.26	\$.36
DIAGNOSTIC AND ANC. PROCED	5	6	189.29	31.55	.001	37.86	.04
EYE APPLIANCES	25	78	1,288.07	16.51	.017	51.52	.28
OTHER OPTOMETRIC SERVICES	7	11	187.89	17.08	.002	26.84	.04
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	296	385	\$ 2,176.80	\$ 5.65	.083	\$ 7.35	\$.47
MEDICINE/INJECTIONS	4	4	96.00	24.00	.001	24.00	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	292	381	2,080.80	5.46	.082	7.13	.45
@HOME HEALTH AGENCY	1	13	\$ 1,015.90	\$ 78.15	.003	\$ 1015.90	\$.22
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	167	808	\$ 156,361.87	\$ 193.52	.174	\$ 936.30	\$ 33.63
HOSP INPATIENT TOTAL	36	91	139,590.44	1533.96	.020	3877.51	30.03
HSC HOSPITALS	7	91	116,599.89	1281.32	.020	16657.13	25.08
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	29	0	22,990.55	.00	.000	792.78	4.95
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	133	717	16,771.43	23.39	.154	126.10	3.61
MEDICAL	21	42	2,632.58	62.68	.009	125.36	.57
SURGERY	7	7	342.88	48.98	.002	48.98	.07
PATHOLOGY	30	210	2,093.05	9.97	.045	69.77	.45
RADIOLOGY	8	23	1,805.40	78.50	.005	225.68	.39
ROOM USE	33	57	3,844.80	67.45	.012	116.51	.83
CROSSOVERS/ALL OTH OUTPTNT	91	378	6,052.72	16.01	.081	66.51	1.30
@COUNTY HOSPITAL TOTAL	3	18	\$ 122.46	\$ 6.80	.004	\$ 40.82	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	18	122.46	6.80	.004	40.82	.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,649 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	164	790	\$ 156,239.41	\$ 197.77	.170	\$ 952.68	\$ 33.61
COMM HOSP INPATIENT TOTAL	36	91	139,590.44	1533.96	.020	3877.51	30.03
HSC HOSPITALS	7	91	116,599.89	1281.32	.020	16657.13	25.08
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	29	0	22,990.55	.00	.000	792.78	4.95
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	130	699	16,648.97	23.82	.150	128.07	3.58
MEDICAL	21	42	2,632.58	62.68	.009	125.36	.57
SURGERY	7	7	342.88	48.98	.002	48.98	.07
PATHOLOGY	30	210	2,093.05	9.97	.045	69.77	.45
RADIOLOGY	8	23	1,805.40	78.50	.005	225.68	.39
ROOM USE	33	57	3,844.80	67.45	.012	116.51	.83
CROSSOVERS/ALL OTH OUTPTNT	88	360	5,930.26	16.47	.077	67.39	1.28
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3,487	109,092	\$ 12,028,221.47	\$ 110.26	23.466	\$ 3449.45	\$ 2587.27
LEV A-INTERMEDIATE	19	701	43,340.06	61.83	.151	2281.06	9.32
LEV B-REHAB MD	49	1,719	219,631.28	127.77	.370	4482.27	47.24
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	352	142,000.32	403.41	.076	11833.36	30.54
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3,407	106,320	11,623,249.81	109.32	22.869	3411.58	2500.16
@INTERMEDIATE CARE FACIL.-DD	411	13,374	\$ 1,989,538.56	\$ 148.76	2.877	\$ 4840.73	\$ 427.95
ICF DDH	410	13,285	1,973,324.12	148.54	2.858	4812.99	424.46
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	1	89	16,214.44	182.18	.019	16214.44	3.49
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	4	\$ 77.86	\$ 19.47	.001	\$ 38.93	\$.02
HOSPITAL BASED	2	4	77.86	19.47	.001	38.93	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	15	38	\$ 846.77	\$ 22.28	.008	\$ 56.45	\$.18
PATHOLOGY	12	31	708.86	22.87	.007	59.07	.15
XO AND OTHERS	4	7	137.91	19.70	.002	34.48	.03
@ORGANIZED OUTPATIENT CLINIC	9	14	\$ 1,241.72	\$ 88.69	.003	\$ 137.97	\$.27
CLINIC	1	1	53.11	53.11	.000	53.11	.01
SURGICENTER	1	1	174.92	174.92	.000	174.92	.04
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	12	1,013.69	84.47	.003	144.81	.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,552
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL						

4,649 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	468	78,367	\$ 327,480.08	\$ 4.18	16.857	\$ 699.74	\$ 70.44
DURABLE MED. EQUIP.	54	603	38,733.27	64.23	.130	717.28	8.33
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	6	154.52	25.75	.001	38.63	.03
MEDICAL TRANSPORTATION	46	475	4,836.95	10.18	.102	105.15	1.04
AMBULANCES/AIR TRANS	25	362	3,653.30	10.09	.078	146.13	.79
OTHER TRANS	16	223	1,097.57	4.92	.048	68.60	.24
OTHER SERVICES	5	110CR	86.08	.78CR	.024CR	17.22	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	71	4,940.18	69.58	.015	988.04	1.06
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	40	115	1,478.78	12.86	.025	36.97	.32
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	51	72	187.78	2.61	.015	3.68	.04
PROSTHETIST/ORTHOTISTS	1	1	57.49	57.49	.000	57.49	.01
PROSTHETICS	1	1	57.49	57.49	.000	57.49	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	7	104.11	14.87	.002	34.70	.02
SPEECH AND AUDIOLOGY	98	309	16,302.05	52.76	.066	166.35	3.51
HOSPICE SERVICES	73	2,560	244,867.16	95.65	.551	3354.34	52.67
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	128	74,148	15,817.79	.21	15.949	123.58	3.40
@CALIF. CHILDREN SERVICES*	1	1	\$ 46.44	\$ 46.44	.000	\$ 46.44	\$.01
@XOVER EXCLUDING STATE HOSP**	987	13,168	\$ 229,626.00	\$ 17.44	2.832	\$ 232.65	\$ 49.39

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

PAGE 6,553
03/14/05

11,258 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,656	246,400	\$ 14,354,270.47	\$ 58.26	21.887	\$ 1658.30	\$ 1275.03
@PHYSICIANS SERVICES	1,186	3,550	\$ 103,709.00	\$ 29.21	.315	\$ 87.44	\$ 9.21
OUTPATIENT VISITS	227	294	15,267.51	51.93	.026	67.26	1.36
OFFICE VISITS	145	191	7,338.00	38.42	.017	50.61	.65
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	84	94	7,637.67	81.25	.008	90.92	.68
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	9	291.84	32.43	.001	32.43	.03
INPATIENT VISITS	57	209	9,048.71	43.30	.019	158.75	.80
HOSPITAL VISITS	52	194	8,133.11	41.92	.017	156.41	.72
CRITICAL CARE	3	5	608.00	121.60	.000	202.67	.05
SNF/ICF/TRANS IP CARE	5	10	307.60	30.76	.001	61.52	.03
OPHTHALMOLOGICAL SERVICES	38	44	1,865.10	42.39	.004	49.08	.17

EXAMINATIONS	38	44		1,865.10	42.39	.004	49.08	.17
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	22	100		9,102.06	91.02	.009	413.73	.81
PRINCIPAL SURGEON	16	18		7,216.61	400.92	.002	451.04	.64
ASSISTANT SURGEON	1	1		134.77	134.77	.000	134.77	.01
ANESTHESIOLOGIST	9	81		1,750.68	21.61	.007	194.52	.16
OUTPATIENT SURGERY	47	100		11,508.85	115.09	.009	244.87	1.02
PRINCIPAL SURGEON	38	43		9,927.13	230.86	.004	261.24	.88
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	57		1,581.72	27.75	.005	158.17	.14
DIALYSIS	6	11		2,163.64	196.69	.001	360.61	.19
PATHOLOGY	25	71		960.07	13.52	.006	38.40	.09
RADIOLOGY	187	370		15,590.39	42.14	.033	83.37	1.38
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	15		3,095.04	206.34	.001	309.50	.27
OTHER SERVICES/ALL X-OVERS	843	2,336		35,107.63	15.03	.207	41.65	3.12
@PHARMACY	6,423	60,292	\$	1,883,679.58	\$ 31.24	5.355	\$ 293.27	\$ 167.32
PRESCRIPTION DRUGS	6,335	28,100		1,849,219.22	65.81	2.496	291.91	164.26
SNF/ICF	2,342	14,418		778,745.46	54.01	1.281	332.51	69.17
OUTPATIENTS	4,066	13,682		1,070,473.76	78.24	1.215	263.27	95.09
MEDICAL SUPPLIES	330	32,192		34,460.36	1.07	2.859	104.43	3.06
@DENTIST	596	1,473	\$	65,875.20	\$ 44.72	.131	\$ 110.53	\$ 5.85
VISITS - DIAGNOSTIC	461	998		19,944.00	19.98	.089	43.26	1.77
ORAL SURGERY	48	174		7,072.70	40.65	.015	147.35	.63
DRUGS	1	1		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	14	16		1,016.00	63.50	.001	72.57	.09
ENDODONTICS	12	13		3,426.00	263.54	.001	285.50	.30
RESTORATIVE DENTISTRY	74	122		6,010.75	49.27	.011	81.23	.53
PROSTHETICS	3	3		80.00	26.67	.000	26.67	.01
DENTURES, STAYPLATES	74	144		28,325.75	196.71	.013	382.78	2.52
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	8	2		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,554
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED							

11,258 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	57	156	\$ 3,215.31	\$ 20.61	.014	\$ 56.41	\$.29	
DIAGNOSTIC AND ANC. PROCED	14	14	627.98	44.86	.001	44.86	.06	
EYE APPLIANCES	48	140	2,402.08	17.16	.012	50.04	.21	
OTHER OPTOMETRIC SERVICES	3	2	185.25	92.63	.000	61.75	.02	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	287	381	\$ 2,399.33	\$ 6.30	.034	\$ 8.36	\$.21	
MEDICINE/INJECTIONS	5	5	186.40	37.28	.000	37.28	.02	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	282	376	2,212.93	5.89	.033	7.85	.20	
@HOME HEALTH AGENCY	15	99	\$ 6,928.44	\$ 69.98	.009	\$ 461.90	\$.62	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	665	3,666	\$	476,883.27	\$	130.08	.326	\$	717.12	\$	42.36
HOSP INPATIENT TOTAL	111	212		342,499.03		1615.56	.019		3085.58		30.42
HSC HOSPITALS	52	205		292,029.32		1424.53	.018		5615.95		25.94
NON-HSC HOSPITAL TOTAL	5	7		7,878.36		1125.48	.001		1575.67		.70
ACCOMMODATIONS	5	7		3,427.84		489.69	.001		685.57		.30
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	7		3,427.84		489.69	.001		685.57		.30
ANCILLARIES	5	0		4,450.52		.00	.000		890.10		.40
INPATIENT CROSSOVERS	56	0		42,591.35		.00	.000		760.56		3.78
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	585	3,454		134,384.24		38.91	.307		229.72		11.94
MEDICAL	138	203		9,118.29		44.92	.018		66.07		.81
SURGERY	31	36		1,469.79		40.83	.003		47.41		.13
PATHOLOGY	153	695		8,939.10		12.86	.062		58.43		.79
RADIOLOGY	170	391		54,936.51		140.50	.035		323.16		4.88
ROOM USE	132	165		6,569.58		39.82	.015		49.77		.58
CROSSOVERS/ALL OTH OUTPTNT	340	1,964		53,350.97		27.16	.174		156.91		4.74
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,555
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

						----- MONTHLY AVERAGE -----			
11,258 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	665	3,666	\$	476,883.27	\$ 130.08	.326	\$ 717.12	\$ 42.36	
COMM HOSP INPATIENT TOTAL	111	212		342,499.03	1615.56	.019	3085.58	30.42	
HSC HOSPITALS	52	205		292,029.32	1424.53	.018	5615.95	25.94	
NON-HSC HOSPITALS TOTAL	5	7		7,878.36	1125.48	.001	1575.67	.70	
ACCOMMODATIONS	5	7		3,427.84	489.69	.001	685.57	.30	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	5	7		3,427.84	489.69	.001	685.57	.30	
ANCILLARIES	5	0		4,450.52	.00	.000	890.10	.40	
INPATIENT CROSSOVERS	56	0		42,591.35	.00	.000	760.56	3.78	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	585	3,454		134,384.24	38.91	.307	229.72	11.94	
MEDICAL	138	203		9,118.29	44.92	.018	66.07	.81	
SURGERY	31	36		1,469.79	40.83	.003	47.41	.13	
PATHOLOGY	153	695		8,939.10	12.86	.062	58.43	.79	
RADIOLOGY	170	391		54,936.51	140.50	.035	323.16	4.88	
ROOM USE	132	165		6,569.58	39.82	.015	49.77	.58	
CROSSOVERS/ALL OTH OUTPTNT	340	1,964		53,350.97	27.16	.174	156.91	4.74	
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	3,293	101,594	\$	11,155,273.70	\$ 109.80	9.024	\$ 3387.57	\$ 990.88	
LEV A-INTERMEDIATE	10	335		20,213.90	60.34	.030	2021.39	1.80	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	3,283	101,259		11,135,059.80	109.97	8.994	3391.73	989.08	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	33	641	\$	44,110.37	\$ 68.81	.057	\$ 1336.68	\$ 3.92	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	33	641		44,110.37	68.81	.057	1336.68	3.92	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	287	2,583	\$	18,747.17	\$ 7.26	.229	\$ 65.32	\$ 1.67	
PATHOLOGY	256	2,508		16,400.36	6.54	.223	64.06	1.46	
XO AND OTHERS	35	75		2,346.81	31.29	.007	67.05	.21	
@ORGANIZED OUTPATIENT CLINIC	692	1,010	\$	78,797.15	\$ 78.02	.090	\$ 113.87	\$ 7.00	
CLINIC	32	85		1,839.50	21.64	.008	57.48	.16	

SURGICENTER	4	5	736.42	147.28	.000	184.11	.07
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	673	920	76,221.23	82.85	.082	113.26	6.77

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,556
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

11,258 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	847	70,955	\$ 514,651.95	\$ 7.25	6.303	\$ 607.62	\$ 45.71
DURABLE MED. EQUIP.	45	458	27,390.68	59.80	.041	608.68	2.43
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	15	23	3,578.13	155.57	.002	238.54	.32
MEDICAL TRANSPORTATION	63	530	6,266.02	11.82	.047	99.46	.56
AMBULANCES/AIR TRANS	37	294	4,744.75	16.14	.026	128.24	.42
OTHER TRANS	17	169	1,134.11	6.71	.015	66.71	.10
OTHER SERVICES	10	67	387.16	5.78	.006	38.72	.03
ACUPUNCTURE	5	15	264.92	17.66	.001	52.98	.02
ADULT DAY HEALTH CARE CTR	140	2,116	143,973.88	68.04	.188	1028.38	12.79
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	148	529	43,269.24	81.79	.047	292.36	3.84
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	106	366	4,715.89	12.88	.033	44.49	.42
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	45	66	112.53	1.71	.006	2.50	.01
PROSTHETIST/ORTHOTISTS	2	3	204.78	68.26	.000	102.39	.02
PROSTHETICS	2	3	204.78	68.26	.000	102.39	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	5	144.65	28.93	.000	48.22	.01
SPEECH AND AUDIOLOGY	45	82	7,501.70	91.48	.007	166.70	.67
HOSPICE SERVICES	81	2,640	260,456.97	98.66	.234	3215.52	23.14
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	193	64,122	16,772.56	.26	5.696	86.90	1.49
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,486	18,528	\$ 337,630.95	\$ 18.22	1.646	\$ 227.21	\$ 29.99

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,557
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND	

54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	53	2,148	\$ 131,493.04	\$ 61.22	39.778	\$ 2481.00	\$ 2435.06
@PHYSICIANS SERVICES	15	48	\$ 1,004.57	\$ 20.93	.889	\$ 66.97	\$ 18.60
OUTPATIENT VISITS	7	7	144.38	20.63	.130	20.63	2.67
OFFICE VISITS	7	7	144.38	20.63	.130	20.63	2.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2		91.35	45.68	.037	91.35	1.69
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2		91.35	45.68	.037	91.35	1.69
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	6	29		150.83	5.20	.537	25.14	2.79
RADIOLOGY	4	6		553.27	92.21	.111	138.32	10.25
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	4		64.74	16.19	.074	16.19	1.20
@PHARMACY	32	114	\$	7,327.60	\$ 64.28	2.111	\$ 228.99	\$ 135.70
PRESCRIPTION DRUGS	31	109		7,065.92	64.82	2.019	227.93	130.85
SNF/ICF	20	88		6,102.76	69.35	1.630	305.14	113.01
OUTPATIENTS	11	21		963.16	45.86	.389	87.56	17.84
MEDICAL SUPPLIES	2	5		261.68	52.34	.093	130.84	4.85
@DENTIST	2	8	\$	380.00	\$ 47.50	.148	\$ 190.00	\$ 7.04
VISITS - DIAGNOSTIC	2	7		180.00	25.71	.130	90.00	3.33
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		200.00	200.00	.019	200.00	3.70
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,558
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	3	\$ 5.63	\$ 1.88	.056	\$ 2.82	\$.10

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	2	3		5.63	1.88	.056	2.82	.10
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	8	\$	226.78	\$ 28.35	.148	\$ 113.39	\$ 4.20
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	8		226.78	28.35	.148	113.39	4.20
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	2		166.74	83.37	.037	166.74	3.09
CROSSOVERS/ALL OTH OUTPTNT	2	6		60.04	10.01	.111	30.02	1.11
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,559
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	8	\$	226.78	\$ 28.35	.148	\$ 113.39	\$ 4.20
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	8		226.78	28.35	.148	113.39	4.20
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	2		166.74	83.37	.037	166.74	3.09
CROSSOVERS/ALL OTH OUTPTNT	2	6		60.04	10.01	.111	30.02	1.11
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	8	210	\$	25,691.38	\$ 122.34	3.889	\$ 3211.42	\$ 475.77
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	8	210		25,691.38	122.34	3.889	3211.42	475.77
@INTERMEDIATE CARE FACIL.-DD	21	615	\$	91,128.62	\$ 148.18	11.389	\$ 4339.46	\$ 1687.57
ICF DDH	21	615		91,128.62	148.18	11.389	4339.46	1687.57
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	3	\$	49.24	\$ 16.41	.056	\$ 49.24	\$.91
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	1	3	49.24	16.41	.056	49.24	.91
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,560
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	1,139	\$ 5,679.22	\$ 4.99	21.093	\$ 473.27	\$ 105.17
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	50.00	25.00	.037	50.00	.93
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	91.45	15.24	.111	45.73	1.69
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.89	.89	.019	.89	.02
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	14	641.92	45.85	.259	213.97	11.89
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	313	4,375.28	13.98	5.796	1093.82	81.02
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	803	519.68	.65	14.870	173.23	9.62
@CALIF. CHILDREN SERVICES*	1	3	\$ 49.24	\$ 16.41	.056	\$ 49.24	\$.91
@XOVER EXCLUDING STATE HOSP**	8	14	\$ 366.06	\$ 26.15	.259	\$ 45.76	\$ 6.78

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,561
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED	

6,466 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,805	196,392	\$ 8,863,352.91	\$ 45.13	30.373	\$ 1526.85	\$ 1370.76
@PHYSICIANS SERVICES	1,178	4,365	\$ 174,046.93	\$ 39.87	.675	\$ 147.75	\$ 26.92

OUTPATIENT VISITS	287	445	19,904.08	44.73	.069	69.35	3.08
OFFICE VISITS	196	274	8,851.35	32.30	.042	45.16	1.37
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	106	150	10,484.04	69.89	.023	98.91	1.62
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	17	21	568.69	27.08	.003	33.45	.09
INPATIENT VISITS	134	916	44,763.30	48.87	.142	334.05	6.92
HOSPITAL VISITS	111	790	32,888.60	41.63	.122	296.29	5.09
CRITICAL CARE	17	96	11,029.30	114.89	.015	648.78	1.71
SNF/ICF/TRANS IP CARE	21	30	845.40	28.18	.005	40.26	.13
OPHTHALMOLOGICAL SERVICES	23	25	1,011.21	40.45	.004	43.97	.16
EXAMINATIONS	23	25	1,011.21	40.45	.004	43.97	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	37	342	23,864.02	69.78	.053	644.97	3.69
PRINCIPAL SURGEON	27	68	17,296.94	254.37	.011	640.63	2.68
ASSISTANT SURGEON	3	3	833.95	277.98	.000	277.98	.13
ANESTHESIOLOGIST	15	271	5,733.13	21.16	.042	382.21	.89
OUTPATIENT SURGERY	64	178	11,395.83	64.02	.028	178.06	1.76
PRINCIPAL SURGEON	45	64	8,678.94	135.61	.010	192.87	1.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	21	114	2,716.89	23.83	.018	129.38	.42
DIALYSIS	31	85	12,479.20	146.81	.013	402.55	1.93
PATHOLOGY	50	215	1,139.98	5.30	.033	22.80	.18
RADIOLOGY	160	456	23,082.57	50.62	.071	144.27	3.57
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	45	2,682.27	59.61	.007	157.78	.41
OTHER SERVICES/ALL X-OVERS	756	1,658	33,724.47	20.34	.256	44.61	5.22
@PHARMACY	4,660	78,963	\$ 3,206,939.91	\$ 40.61	12.212	\$ 688.18	\$ 495.97
PRESCRIPTION DRUGS	4,591	23,976	3,165,783.04	132.04	3.708	689.56	489.60
SNF/ICF	896	7,164	958,889.57	133.85	1.108	1070.19	148.30
OUTPATIENTS	3,790	16,812	2,206,893.47	131.27	2.600	582.29	341.31
MEDICAL SUPPLIES	374	54,987	41,156.87	.75	8.504	110.05	6.37
@DENTIST	399	1,383	\$ 49,501.95	\$ 35.79	.214	\$ 124.07	\$ 7.66
VISITS - DIAGNOSTIC	288	870	14,265.66	16.40	.135	49.53	2.21
ORAL SURGERY	52	181	9,298.25	51.37	.028	178.81	1.44
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02
PERIODONTICS	41	44	6,158.24	139.96	.007	150.20	.95
ENDODONTICS	14	18	2,077.00	115.39	.003	148.36	.32
RESTORATIVE DENTISTRY	89	191	9,569.80	50.10	.030	107.53	1.48
PROSTHETICS	6	7	150.00	21.43	.001	25.00	.02
DENTURES, STAYPLATES	18	51	7,883.00	154.57	.008	437.94	1.22
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	16	20	.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY							
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
FEE-FOR-SERVICE/DENTAL							
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED							
PAGE 6,562 03/14/05							

	6,466 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	43	96	\$	2,834.65	\$ 29.53	.015	\$ 65.92	\$.44
DIAGNOSTIC AND ANC. PROCED	20	21		936.61	44.60	.003	46.83	.14

EYE APPLIANCES	20	63		1,607.27	25.51	.010	80.36	.25
OTHER OPTOMETRIC SERVICES	10	12		290.77	24.23	.002	29.08	.04
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	81	109	\$	1,073.68	9.85	.017	13.26	.17
MEDICINE/INJECTIONS	6	6		187.50	31.25	.001	31.25	.03
SURGERY/ANES.	1	1		202.53	202.53	.000	202.53	.03
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	74	102		683.65	6.70	.016	9.24	.11
@HOME HEALTH AGENCY	34	4,127	\$	75,548.31	18.31	.638	2222.01	11.68
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	1	\$	2.76	2.76	.000	2.76	.00
@TOTAL HOSPITAL	762	4,323	\$	1,151,632.89	266.40	.669	1511.33	178.11
HOSP INPATIENT TOTAL	110	658		983,134.34	1494.13	.102	8937.58	152.05
HSC HOSPITALS	55	577		890,831.00	1543.90	.089	16196.93	137.77
NON-HSC HOSPITAL TOTAL	17	81		50,123.76	618.81	.013	2948.46	7.75
ACCOMMODATIONS	17	81		23,452.55	289.54	.013	1379.56	3.63
ADMINISTRATIVE DAYS	1	3		346.95	115.65	.000	346.95	.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	78		23,105.60	296.23	.012	1444.10	3.57
ANCILLARIES	17	0		26,671.21	.00	.000	1568.89	4.12
INPATIENT CROSSOVERS	48	0		42,179.58	.00	.000	878.74	6.52
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	685	3,665		168,498.55	45.98	.567	245.98	26.06
MEDICAL	124	240		9,822.29	40.93	.037	79.21	1.52
SURGERY	34	41		2,446.28	59.67	.006	71.95	.38
PATHOLOGY	140	842		9,804.83	11.64	.130	70.03	1.52
RADIOLOGY	117	315		48,961.31	155.43	.049	418.47	7.57
ROOM USE	171	260		11,295.58	43.44	.040	66.06	1.75
CROSSOVERS/ALL OTH OUTPTNT	486	1,967		86,168.26	43.81	.304	177.30	13.33
@COUNTY HOSPITAL TOTAL	8	77	\$	40,283.00	523.16	.012	5035.38	6.23
CO HOSPITAL INPATIENT TOTAL	3	35		39,550.00	1130.00	.005	13183.33	6.12
HSC HOSPITALS	3	35		39,550.00	1130.00	.005	13183.33	6.12
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	42		733.00	17.45	.006	91.63	.11
MEDICAL	3	7		238.16	34.02	.001	79.39	.04
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	8		82.41	10.30	.001	82.41	.01
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	3	7		256.37	36.62	.001	85.46	.04
CROSSOVERS/ALL OTH OUTPTNT	5	20		156.06	7.80	.003	31.21	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,563
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

6,466 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	758	4,246	\$	1,111,349.89	\$ 261.74	.657	\$ 1466.16	\$ 171.88
COMM HOSP INPATIENT TOTAL	109	623		943,584.34	1514.58	.096	8656.74	145.93
HSC HOSPITALS	54	542		851,281.00	1570.63	.084	15764.46	131.65
NON-HSC HOSPITALS TOTAL	17	81		50,123.76	618.81	.013	2948.46	7.75
ACCOMMODATIONS	17	81		23,452.55	289.54	.013	1379.56	3.63
ADMINISTRATIVE DAYS	1	3		346.95	115.65	.000	346.95	.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	78		23,105.60	296.23	.012	1444.10	3.57
ANCILLARIES	17	0		26,671.21	.00	.000	1568.89	4.12
INPATIENT CROSSOVERS	48	0		42,179.58	.00	.000	878.74	6.52
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	680	3,623		167,765.55	46.31	.560	246.71	25.95
MEDICAL	123	233		9,584.13	41.13	.036	77.92	1.48
SURGERY	34	41		2,446.28	59.67	.006	71.95	.38
PATHOLOGY	139	834		9,722.42	11.66	.129	69.95	1.50
RADIOLOGY	117	315		48,961.31	155.43	.049	418.47	7.57
ROOM USE	168	253		11,039.21	43.63	.039	65.71	1.71
CROSSOVERS/ALL OTH OUTPTNT	482	1,947		86,012.20	44.18	.301	178.45	13.30
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	437	14,099	\$	1,807,878.07	\$ 128.23	2.180	\$ 4137.02	\$ 279.60
LEV A-INTERMEDIATE	9	366		23,126.16	63.19	.057	2569.57	3.58
LEV B-REHAB MD	71	2,436		320,684.30	131.64	.377	4516.68	49.60
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	352		142,000.32	403.41	.054	11833.36	21.96
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	346	10,945		1,322,067.29	120.79	1.693	3821.00	204.46
@INTERMEDIATE CARE FACIL.-DD	396	12,971	\$	1,934,050.60	\$ 149.11	2.006	\$ 4883.97	\$ 299.11
ICF DDH	394	12,853		1,912,535.25	148.80	1.988	4854.15	295.78
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	2	118		21,515.35	182.33	.018	10757.68	3.33
@HEMODIALYSIS TOTAL	75	2,941	\$	136,738.04	\$ 46.49	.455	\$ 1823.17	\$ 21.15
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	75	2,941		136,738.04	46.49	.455	1823.17	21.15
@REHABILITATION FACILITY	59	1,311	\$	18,149.88	\$ 13.84	.203	\$ 307.63	\$ 2.81
HOSPITAL BASED	3	5		172.83	34.57	.001	57.61	.03
INDEPENDENT FACILITY	56	1,306		17,977.05	13.76	.202	321.02	2.78
@LABORATORY FACILITY	289	1,756	\$	21,906.16	\$ 12.48	.272	\$ 75.80	\$ 3.39
PATHOLOGY	264	1,684		19,902.78	11.82	.260	75.39	3.08
XO AND OTHERS	29	72		2,003.38	27.82	.011	69.08	.31
@ORGANIZED OUTPATIENT CLINIC	510	898	\$	52,155.79	\$ 58.08	.139	\$ 102.27	\$ 8.07
CLINIC	75	240		3,970.35	16.54	.037	52.94	.61
SURGICENTER	6	6		1,006.45	167.74	.001	167.74	.16
HEROIN DETOX CLINIC	2	20		261.65	13.08	.003	130.83	.04
RURAL HEALTH CLINIC	433	632		46,917.34	74.24	.098	108.35	7.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
MARIN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED							
6,466 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE		
		OR DAYS OF CARE			PER UNIT/DAY	UNITS/DAYS	COST PER	COST PER
@ALL OTHER PROVIDERS	675	69,049	\$	230,893.29	\$ 3.34	10.679	\$ 342.06	\$ 35.71
DURABLE MED. EQUIP.	66	347		48,822.31	140.70	.054	739.73	7.55
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	2	2	265.00	132.50	.000	132.50	.04
MEDICAL TRANSPORTATION	100	1,009	11,886.27	11.78	.156	118.86	1.84
AMBULANCES/AIR TRANS	84	844	11,122.47	13.18	.131	132.41	1.72
OTHER TRANS	7	247	517.30	2.09	.038	73.90	.08
OTHER SERVICES	9	82CR	246.50	3.01CR	.013CR	27.39	.04
ACUPUNCTURE	5	21	373.05	17.76	.003	74.61	.06
ADULT DAY HEALTH CARE CTR	21	289	20,119.06	69.62	.045	958.05	3.11
GENETIC DISEASE TESTING	1	1	57.00	57.00	.000	57.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	9	107	4,811.23	44.96	.017	534.58	.74
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	74	282	3,722.45	13.20	.044	50.30	.58
PHYSICAL THERAPIST	1	10	105.20	10.52	.002	105.20	.02
PORTABLE X-RAY	10	12	118.04	9.84	.002	11.80	.02
PROSTHETIST/ORTHOTISTS	8	29	3,244.64	111.88	.004	405.58	.50
PROSTHETICS	8	29	3,244.64	111.88	.004	405.58	.50
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	4	82.92	20.73	.001	41.46	.01
SPEECH AND AUDIOLOGY	55	221	8,975.84	40.61	.034	163.20	1.39
HOSPICE SERVICES	19	330	39,382.50	119.34	.051	2072.76	6.09
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	88	6,183	70,433.72	11.39	.956	800.38	10.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	269	60,202	18,494.06	.31	9.311	68.75	2.86
@CALIF. CHILDREN SERVICES*	96	2,926	\$ 48,037.98	\$ 16.42	.453	\$ 500.40	\$ 7.43
@XOVER EXCLUDING STATE HOSP**	1,212	6,557	\$ 175,891.62	\$ 26.83	1.014	\$ 145.13	\$ 27.20

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 6,565
03/14/05

MARIN COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

75,660 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	26,093	132,114	\$ 8,994,013.51	\$ 68.08	1.746	\$ 344.69	\$ 118.87
@PHYSICIANS SERVICES	8,160	19,321	\$ 1,196,971.73	\$ 61.95	.255	\$ 146.69	\$ 15.82
OUTPATIENT VISITS	5,254	6,530	281,100.35	43.05	.086	53.50	3.72
OFFICE VISITS	2,424	3,046	101,576.43	33.35	.040	41.90	1.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,865	3,217	167,409.81	52.04	.043	58.43	2.21
PREVENTIVE CARE	10	10	412.85	41.29	.000	41.29	.01
OB VISITS/COMPRE PERI	68	162	8,597.14	53.07	.002	126.43	.11
OTHER OUTPATIENT	83	95	3,104.12	32.67	.001	37.40	.04
INPATIENT VISITS	369	1,360	79,340.16	58.34	.018	215.01	1.05
HOSPITAL VISITS	349	1,136	49,099.43	43.22	.015	140.69	.65
CRITICAL CARE	46	223	30,168.63	135.29	.003	655.84	.40
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.000	72.10	.00
OPHTHALMOLOGICAL SERVICES	197	253	10,284.72	40.65	.003	52.21	.14
EXAMINATIONS	197	253	10,284.72	40.65	.003	52.21	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	367	2,581	135,778.65	52.61	.034	369.97	1.79
PRINCIPAL SURGEON	178	231	79,904.27	345.91	.003	448.90	1.06
ASSISTANT SURGEON	33	33	5,703.95	172.85	.000	172.85	.08
ANESTHESIOLOGIST	191	2,317	50,170.43	21.65	.031	262.67	.66
OUTPATIENT SURGERY	1,073	2,061	246,102.30	119.41	.027	229.36	3.25
PRINCIPAL SURGEON	971	1,266	225,453.07	178.08	.017	232.19	2.98
ASSISTANT SURGEON	6	6	856.23	142.71	.000	142.71	.01
ANESTHESIOLOGIST	136	789	19,793.00	25.09	.010	145.54	.26
DIALYSIS	9	13	2,925.52	225.04	.000	325.06	.04
PATHOLOGY	483	1,090	9,112.85	8.36	.014	18.87	.12
RADIOLOGY	2,089	3,066	95,669.04	31.20	.041	45.80	1.26
PSYCHIATRY	1	1	44.30	44.30	.000	44.30	.00
IMMUNIZATION AND INJECTION	73	149	1,864.94	12.52	.002	25.55	.02
OTHER SERVICES/ALL X-OVERS	1,126	2,217	334,748.90	150.99	.029	297.29	4.42
@PHARMACY	10,187	30,549	\$ 1,402,720.36	\$ 45.92	.404	\$ 137.70	\$ 18.54
PRESCRIPTION DRUGS	10,050	21,724	1,339,513.27	61.66	.287	133.28	17.70
SNF/ICF	23	136	15,041.02	110.60	.002	653.96	.20
OUTPATIENTS	10,030	21,588	1,324,472.25	61.35	.285	132.05	17.51
MEDICAL SUPPLIES	421	8,825	63,207.09	7.16	.117	150.14	.84
@DENTIST	2,701	9,789	\$ 279,585.05	\$ 28.56	.129	\$ 103.51	\$ 3.70
VISITS - DIAGNOSTIC	2,049	6,951	111,520.13	16.04	.092	54.43	1.47
ORAL SURGERY	277	501	27,871.50	55.63	.007	100.62	.37
DRUGS	67	78	1,781.25	22.84	.001	26.59	.02
ANESTHESIA	5	5	500.00	100.00	.000	100.00	.01
PERIODONTICS	39	41	3,748.37	91.42	.001	96.11	.05
ENDODONTICS	150	212	30,937.00	145.93	.003	206.25	.41
RESTORATIVE DENTISTRY	839	1,840	93,732.30	50.94	.024	111.72	1.24
PROSTHETICS	9	9	270.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	18	70	5,072.00	72.46	.001	281.78	.07
SPACE MAINTAINERS	20	25	2,200.00	88.00	.000	110.00	.03
MAXILLOFACIAL SERVICES	6	8	257.50	32.19	.000	42.92	.00
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00	.01
ORTHODONTIC SERVICES	22	23	770.00	33.48	.000	35.00	.01
ALL OTHER SERVICES	43	25	225.00	9.00	.000	5.23	.00

MARIN COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

75,660 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	275	671	\$ 16,560.82	\$ 24.68	.009	\$	60.22	\$.22
DIAGNOSTIC AND ANC. PROCED	215	234	9,742.02	41.63	.003		45.31	.13
EYE APPLIANCES	146	431	6,665.09	15.46	.006		45.65	.09
OTHER OPTOMETRIC SERVICES	6	6	153.71	25.62	.000		25.62	.00
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.000	\$	33.44	\$.00
VISITS	1	2	33.44	16.72	.000		33.44	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	37	47	\$ 1,551.62	\$ 33.01	.001	\$	41.94	\$.02
MEDICINE/INJECTIONS	34	40	1,326.39	33.16	.001		39.01	.02
SURGERY/ANES.	4	5	190.63	38.13	.000		47.66	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000		34.60	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	383	648	\$ 34,907.12	\$ 53.87	.009	\$	91.14	\$.46
NURSE ANESTHESIST	1	3	80.00	26.67	.000	\$	80.00	\$.00
NURSE MIDWIFE	6	40	1,465.67	36.64	.001	\$	244.28	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	1	4	28.83	7.21	.000	\$	28.83	\$.00
@TOTAL HOSPITAL	5,449	19,715	\$ 4,098,436.01	\$ 207.88	.261	\$	752.14	\$ 54.17
HOSP INPATIENT TOTAL	662	2,122	3,542,394.59	1669.37	.028		5351.05	46.82
HSC HOSPITALS	607	1,940	3,247,563.56	1674.00	.026		5350.19	42.92
NON-HSC HOSPITAL TOTAL	55	182	291,809.07	1603.35	.002		5305.62	3.86
ACCOMMODATIONS	54	182	104,182.61	572.43	.002		1929.31	1.38
ADMINISTRATIVE DAYS	5	13	2,949.08	226.85	.000		589.82	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	49	169	101,233.53	599.01	.002		2065.99	1.34
ANCILLARIES	54	0	187,626.46	.00	.000		3474.56	2.48
INPATIENT CROSSOVERS	4	0	3,021.96	.00	.000		755.49	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	5,108	17,593	556,041.42	31.61	.233		108.86	7.35
MEDICAL	1,002	1,557	89,157.85	57.26	.021		88.98	1.18
SURGERY	464	731	22,602.51	30.92	.010		48.71	.30
PATHOLOGY	1,479	5,678	62,332.65	10.98	.075		42.15	.82
RADIOLOGY	1,649	2,162	155,877.07	72.10	.029		94.53	2.06
ROOM USE	3,296	3,890	149,838.01	38.52	.051		45.46	1.98
CROSSOVERS/ALL OTH OUTPTNT	1,907	3,575	76,233.33	21.32	.047		39.98	1.01
@COUNTY HOSPITAL TOTAL	57	291	\$ 30,177.40	\$ 103.70	.004	\$	529.43	\$.40
CO HOSPITAL INPATIENT TOTAL	6	16	21,996.84	1374.80	.000		3666.14	.29
HSC HOSPITALS	5	14	16,635.02	1188.22	.000		3327.00	.22
NON-HSC HOSPITALS TOTAL	1	2	5,361.82	2680.91	.000		5361.82	.07
ACCOMMODATIONS	1	2	1,231.20	615.60	.000		1231.20	.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	1	2	1,231.20	615.60	.000		1231.20	.02
ANCILLARIES	1	0	4,130.62	.00	.000		4130.62	.05
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	53	275	8,180.56	29.75	.004		154.35	.11
MEDICAL	13	16	544.09	34.01	.000		41.85	.01
SURGERY	18	24	803.80	33.49	.000		44.66	.01
PATHOLOGY	23	100	1,704.16	17.04	.001		74.09	.02
RADIOLOGY	10	21	866.25	41.25	.000		86.63	.01
ROOM USE	31	58	3,153.08	54.36	.001		101.71	.04

75,660 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	5,401	19,424	\$ 4,068,258.61	\$ 209.44	.257	\$ 753.24	\$ 53.77
COMM HOSP INPATIENT TOTAL	656	2,106	3,520,397.75	1671.60	.028	5366.46	46.53
HSC HOSPITALS	602	1,926	3,230,928.54	1677.53	.025	5366.99	42.70
NON-HSC HOSPITALS TOTAL	54	180	286,447.25	1591.37	.002	5304.58	3.79
ACCOMMODATIONS	53	180	102,951.41	571.95	.002	1942.48	1.36
ADMINISTRATIVE DAYS	5	13	2,949.08	226.85	.000	589.82	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	48	167	100,002.33	598.82	.002	2083.38	1.32
ANCILLARIES	53	0	183,495.84	.00	.000	3462.19	2.43
INPATIENT CROSSOVERS	4	0	3,021.96	.00	.000	755.49	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,064	17,318	547,860.86	31.64	.229	108.19	7.24
MEDICAL	990	1,541	88,613.76	57.50	.020	89.51	1.17
SURGERY	446	707	21,798.71	30.83	.009	48.88	.29
PATHOLOGY	1,456	5,578	60,628.49	10.87	.074	41.64	.80
RADIOLOGY	1,640	2,141	155,010.82	72.40	.028	94.52	2.05
ROOM USE	3,267	3,832	146,684.93	38.28	.051	44.90	1.94
CROSSOVERS/ALL OTH OUTPTNT	1,886	3,519	75,124.15	21.35	.047	39.83	.99
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3	22	\$ 3,058.73	\$ 139.03	.000	\$ 1019.58	\$.04
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	5	725.30	145.06	.000	725.30	.01
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	17	2,333.43	137.26	.000	1166.72	.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	19	1,502	\$ 54,334.57	\$ 36.17	.020	\$ 2859.71	\$.72
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	19	1,502	54,334.57	36.17	.020	2859.71	.72
@REHABILITATION FACILITY	31	277	\$ 5,270.43	\$ 19.03	.004	\$ 170.01	\$.07
HOSPITAL BASED	16	60	2,081.06	34.68	.001	130.07	.03
INDEPENDENT FACILITY	15	217	3,189.37	14.70	.003	212.62	.04
@LABORATORY FACILITY	2,868	12,700	\$ 131,099.42	\$ 10.32	.168	\$ 45.71	\$ 1.73
PATHOLOGY	2,856	12,676	129,362.46	10.21	.168	45.29	1.71
XO AND OTHERS	20	24	1,736.96	72.37	.000	86.85	.02
@ORGANIZED OUTPATIENT CLINIC	9,533	28,247	\$ 1,609,362.90	\$ 56.97	.373	\$ 168.82	\$ 21.27
CLINIC	2,792	18,124	340,349.90	18.78	.240	121.90	4.50
SURGICENTER	1	8	391.10	48.89	.000	391.10	.01
HEROIN DETOX CLINIC	6	117	1,305.37	11.16	.002	217.56	.02
RURAL HEALTH CLINIC	7,001	9,998	1,267,316.53	126.76	.132	181.02	16.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,568
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES						

75,660 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,629	8,577	\$ 158,546.81	\$ 18.49	.113	\$ 97.33	\$ 2.10
DURABLE MED. EQUIP.	87	163	18,687.85	114.65	.002	214.80	.25
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	68	4,626.38	68.04	.001	385.53	.06
MEDICAL TRANSPORTATION	278	2,057	40,125.78	19.51	.027	144.34	.53
AMBULANCES/AIR TRANS	278	2,053	34,715.90	16.91	.027	124.88	.46
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	4	5,409.88	1352.47	.000	1352.47	.07
ACUPUNCTURE	35	103	1,790.73	17.39	.001	51.16	.02
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	140	140	14,676.00	104.83	.002	104.83	.19
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	304	956	11,012.12	11.52	.013	36.22	.15
PHYSICAL THERAPIST	1	4	56.10	14.03	.000	56.10	.00
PORTABLE X-RAY	1	2	60.26	30.13	.000	60.26	.00
PROSTHETIST/ORTHOTISTS	48	160	26,882.55	168.02	.002	560.05	.36
PROSTHETICS	47	159	26,786.05	168.47	.002	569.92	.35
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8	391.64	48.96	.000	97.91	.01
HOSPICE SERVICES	2	8	1,271.28	158.91	.000	635.64	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	699	3,774	38,189.16	10.12	.050	54.63	.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	1,134	776.96	.69	.015	20.45	.01
@CALIF. CHILDREN SERVICES*	262	2,070	\$ 634,333.04	\$ 306.44	.027	\$ 2421.12	\$ 8.38
@XOVER EXCLUDING STATE HOSP**	74	211	\$ 12,757.30	\$ 60.46	.003	\$ 172.40	\$.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

PAGE 6,569
03/14/05

93,438 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	40,607	577,054	\$ 32,343,129.93	\$ 56.05	6.176	\$ 796.49	\$ 346.15
@PHYSICIANS SERVICES	10,539	27,284	\$ 1,475,732.23	\$ 54.09	.292	\$ 140.03	\$ 15.79
OUTPATIENT VISITS	5,775	7,276	316,416.32	43.49	.078	54.79	3.39
OFFICE VISITS	2,772	3,518	117,910.16	33.52	.038	42.54	1.26
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3,055	3,461	185,531.52	53.61	.037	60.73	1.99
PREVENTIVE CARE	10	10	412.85	41.29	.000	41.29	.00
OB VISITS/COMPRE PERI	68	162	8,597.14	53.07	.002	126.43	.09
OTHER OUTPATIENT	109	125	3,964.65	31.72	.001	36.37	.04
INPATIENT VISITS	560	2,485	133,152.17	53.58	.027	237.77	1.43
HOSPITAL VISITS	512	2,120	90,121.14	42.51	.023	176.02	.96
CRITICAL CARE	66	324	41,805.93	129.03	.003	633.42	.45
SNF/ICF/TRANS IP CARE	27	41	1,225.10	29.88	.000	45.37	.01
OPHTHALMOLOGICAL SERVICES	258	322	13,161.03	40.87	.003	51.01	.14

EXAMINATIONS	258	322	13,161.03	40.87	.003	51.01	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	426	3,023	168,744.73	55.82	.032	396.11	1.81
PRINCIPAL SURGEON	221	317	104,417.82	329.39	.003	472.48	1.12
ASSISTANT SURGEON	37	37	6,672.67	180.34	.000	180.34	.07
ANESTHESIOLOGIST	215	2,669	57,654.24	21.60	.029	268.16	.62
OUTPATIENT SURGERY	1,185	2,341	269,098.33	114.95	.025	227.09	2.88
PRINCIPAL SURGEON	1,054	1,373	244,059.14	177.76	.015	231.56	2.61
ASSISTANT SURGEON	6	6	856.23	142.71	.000	142.71	.01
ANESTHESIOLOGIST	168	962	24,182.96	25.14	.010	143.95	.26
DIALYSIS	46	109	17,568.36	161.18	.001	381.92	.19
PATHOLOGY	564	1,405	11,363.73	8.09	.015	20.15	.12
RADIOLOGY	2,440	3,898	134,895.27	34.61	.042	55.28	1.44
PSYCHIATRY	1	1	44.30	44.30	.000	44.30	.00
IMMUNIZATION AND INJECTION	100	209	7,642.25	36.57	.002	76.42	.08
OTHER SERVICES/ALL X-OVERS	2,729	6,215	403,645.74	64.95	.067	147.91	4.32
@PHARMACY	21,302	169,918	\$ 6,500,667.45	\$ 38.26	1.819	\$ 305.17	\$ 69.57
PRESCRIPTION DRUGS	21,007	73,909	6,361,581.45	86.07	.791	302.83	68.08
SNF/ICF	3,281	21,806	1,758,778.81	80.66	.233	536.05	18.82
OUTPATIENTS	17,897	52,103	4,602,802.64	88.34	.558	257.18	49.26
MEDICAL SUPPLIES	1,127	96,009	139,086.00	1.45	1.028	123.41	1.49
@DENTIST	3,698	12,653	\$ 395,342.20	\$ 31.24	.135	\$ 106.91	\$ 4.23
VISITS - DIAGNOSTIC	2,800	8,826	145,909.79	16.53	.094	52.11	1.56
ORAL SURGERY	377	856	44,242.45	51.69	.009	117.35	.47
DRUGS	68	79	1,781.25	22.55	.001	26.19	.02
ANESTHESIA	6	6	600.00	100.00	.000	100.00	.01
PERIODONTICS	95	102	11,122.61	109.05	.001	117.08	.12
ENDODONTICS	176	243	36,440.00	149.96	.003	207.05	.39
RESTORATIVE DENTISTRY	1,002	2,153	109,312.85	50.77	.023	109.09	1.17
PROSTHETICS	18	19	500.00	26.32	.000	27.78	.01
DENTURES, STAYPLATES	110	265	41,280.75	155.78	.003	375.28	.44
SPACE MAINTAINERS	20	25	2,200.00	88.00	.000	110.00	.02

MAXILLOFACIAL SERVICES	6	8	257.50	32.19	.000	42.92	.00
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00	.01
ORTHODONTIC SERVICES	22	23	770.00	33.48	.000	35.00	.01
ALL OTHER SERVICES	67	47	225.00	4.79	.001	3.36	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,570
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

93,438 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	375	923	\$ 22,610.78	\$ 24.50	.010	\$ 60.30	\$.24
DIAGNOSTIC AND ANC. PROCED	249	269	11,306.61	42.03	.003	45.41	.12
EYE APPLIANCES	214	634	10,674.44	16.84	.007	49.88	.11
OTHER OPTOMETRIC SERVICES	19	20	629.73	31.49	.000	33.14	.01
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.000	\$ 33.44	\$.00
VISITS	1	2	33.44	16.72	.000	33.44	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	407	540	\$ 5,030.26	\$ 9.32	.006	\$ 12.36	\$.05
MEDICINE/INJECTIONS	45	51	1,700.29	33.34	.001	37.78	.02
SURGERY/ANES.	5	6	393.16	65.53	.000	78.63	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	358	481	2,902.21	6.03	.005	8.11	.03
@HOME HEALTH AGENCY	432	4,874	\$ 117,383.87	\$ 24.08	.052	\$ 271.72	\$ 1.26
NURSE ANESTHESIST	1	3	\$ 80.00	\$ 26.67	.000	\$ 80.00	\$.00
NURSE MIDWIFE	6	40	\$ 1,465.67	\$ 36.64	.000	\$ 244.28	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	5	\$ 31.59	\$ 6.32	.000	\$ 15.80	\$.00
@TOTAL HOSPITAL	6,878	27,712	\$ 5,727,178.95	\$ 206.67	.297	\$ 832.68	\$ 61.29
HOSP INPATIENT TOTAL	883	2,992	4,868,027.96	1627.01	.032	5513.06	52.10
HSC HOSPITALS	714	2,722	4,430,423.88	1627.64	.029	6205.08	47.42
NON-HSC HOSPITAL TOTAL	77	270	349,811.19	1295.60	.003	4543.00	3.74
ACCOMMODATIONS	76	270	131,063.00	485.42	.003	1724.51	1.40
ADMINISTRATIVE DAYS	6	16	3,296.03	206.00	.000	549.34	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	70	254	127,766.97	503.02	.003	1825.24	1.37
ANCILLARIES	76	0	218,748.19	.00	.000	2878.27	2.34
INPATIENT CROSSOVERS	108	0	87,792.89	.00	.000	812.90	.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,380	24,720	859,150.99	34.76	.265	134.66	9.19
MEDICAL	1,264	2,000	108,098.43	54.05	.021	85.52	1.16
SURGERY	529	808	26,518.58	32.82	.009	50.13	.28
PATHOLOGY	1,772	7,215	81,076.58	11.24	.077	45.75	.87
RADIOLOGY	1,936	2,868	259,774.89	90.58	.031	134.18	2.78
ROOM USE	3,600	4,317	167,869.91	38.89	.046	46.63	1.80
CROSSOVERS/ALL OTH OUTPTNT	2,735	7,512	215,812.60	28.73	.080	78.91	2.31
@COUNTY HOSPITAL TOTAL	65	368	\$ 70,460.40	\$ 191.47	.004	\$ 1084.01	\$.75
CO HOSPITAL INPATIENT TOTAL	9	51	61,546.84	1206.80	.001	6838.54	.66
HSC HOSPITALS	8	49	56,185.02	1146.63	.001	7023.13	.60
NON-HSC HOSPITALS TOTAL	1	2	5,361.82	2680.91	.000	5361.82	.06
ACCOMMODATIONS	1	2	1,231.20	615.60	.000	1231.20	.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,231.20	615.60	.000	1231.20	.01
ANCILLARIES	1	0	4,130.62	.00	.000	4130.62	.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	61	317	8,913.56	28.12	.003	146.12	.10
MEDICAL	16	23	782.25	34.01	.000	48.89	.01
SURGERY	18	24	803.80	33.49	.000	44.66	.01
PATHOLOGY	24	108	1,786.57	16.54	.001	74.44	.02
RADIOLOGY	10	21	866.25	41.25	.000	86.63	.01
ROOM USE	34	65	3,409.45	52.45	.001	100.28	.04
CROSSOVERS/ALL OTH OUTPTNT	28	76	1,265.24	16.65	.001	45.19	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,571
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	93,438 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,826	27,344	\$	5,656,718.55	\$ 206.87	.293	\$ 828.70	\$ 60.54
COMM HOSP INPATIENT TOTAL	876	2,941		4,806,481.12	1634.30	.031	5486.85	51.44
HSC HOSPITALS	708	2,673		4,374,238.86	1636.45	.029	6178.30	46.81
NON-HSC HOSPITALS TOTAL	76	268		344,449.37	1285.26	.003	4532.23	3.69
ACCOMMODATIONS	75	268		129,831.80	484.45	.003	1731.09	1.39
ADMINISTRATIVE DAYS	6	16		3,296.03	206.00	.000	549.34	.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	69	252		126,535.77	502.13	.003	1833.85	1.35
ANCILLARIES	75	0		214,617.57	.00	.000	2861.57	2.30
INPATIENT CROSSOVERS	108	0		87,792.89	.00	.000	812.90	.94
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,331	24,403		850,237.43	34.84	.261	134.30	9.10
MEDICAL	1,251	1,977		107,316.18	54.28	.021	85.78	1.15
SURGERY	511	784		25,714.78	32.80	.008	50.32	.28
PATHOLOGY	1,748	7,107		79,290.01	11.16	.076	45.36	.85
RADIOLOGY	1,927	2,847		258,908.64	90.94	.030	134.36	2.77
ROOM USE	3,568	4,252		164,460.46	38.68	.046	46.09	1.76
CROSSOVERS/ALL OTH OUTPTNT	2,710	7,436		214,547.36	28.85	.080	79.17	2.30
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	3,741	115,925	\$	12,991,901.88	\$ 112.07	1.241	\$ 3472.84	\$ 139.04
LEV A-INTERMEDIATE	19	701		43,340.06	61.83	.008	2281.06	.46
LEV B-REHAB MD	72	2,441		321,409.60	131.67	.026	4464.02	3.44
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	352		142,000.32	403.41	.004	11833.36	1.52
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3,639	112,431		12,485,151.90	111.05	1.203	3430.93	133.62
@INTERMEDIATE CARE FACIL.-DD	417	13,586	\$	2,025,179.22	\$ 149.06	.145	\$ 4856.54	\$ 21.67
ICF DDH	415	13,468		2,003,663.87	148.77	.144	4828.11	21.44
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	2	118		21,515.35	182.33	.001	10757.68	.23
@HEMODIALYSIS TOTAL	127	5,084	\$	235,182.98	\$ 46.26	.054	\$ 1851.83	\$ 2.52
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	127	5,084		235,182.98	46.26	.054	1851.83	2.52
@REHABILITATION FACILITY	91	1,591	\$	23,469.55	\$ 14.75	.017	\$ 257.91	\$.25
HOSPITAL BASED	19	65		2,253.89	34.68	.001	118.63	.02
INDEPENDENT FACILITY	72	1,526		21,215.66	13.90	.016	294.66	.23
@LABORATORY FACILITY	3,444	17,039	\$	171,752.75	\$ 10.08	.182	\$ 49.87	\$ 1.84
PATHOLOGY	3,376	16,868		165,665.60	9.82	.181	49.07	1.77
XO AND OTHERS	84	171		6,087.15	35.60	.002	72.47	.07
@ORGANIZED OUTPATIENT CLINIC	10,735	30,155	\$	1,740,315.84	\$ 57.71	.323	\$ 162.12	\$ 18.63
CLINIC	2,899	18,449		346,159.75	18.76	.197	119.41	3.70

SURGICENTER	11	19	2,133.97	112.31	.000	194.00	.02
HEROIN DETOX CLINIC	8	137	1,567.02	11.44	.001	195.88	.02
RURAL HEALTH CLINIC	8,107	11,550	1,390,455.10	120.39	.124	171.51	14.88

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,572

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

93,438 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,163	149,720	\$ 909,771.27	\$ 6.08	1.602	\$ 287.63	\$ 9.74
DURABLE MED. EQUIP.	198	968	94,900.84	98.04	.010	479.30	1.02
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	30	95	8,519.51	89.68	.001	283.98	.09
MEDICAL TRANSPORTATION	441	3,596	58,278.07	16.21	.038	132.15	.62
AMBULANCES/AIR TRANS	399	3,191	50,583.12	15.85	.034	126.77	.54
OTHER TRANS	24	416	1,651.41	3.97	.004	68.81	.02
OTHER SERVICES	23	11CR	6,043.54	549.41CR	.000	262.76	.06
ACUPUNCTURE	45	139	2,428.70	17.47	.001	53.97	.03
ADULT DAY HEALTH CARE CTR	161	2,405	164,092.94	68.23	.026	1019.21	1.76
GENETIC DISEASE TESTING	141	141	14,733.00	104.49	.002	104.49	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	157	636	48,080.47	75.60	.007	306.25	.51
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	486	1,610	19,541.91	12.14	.017	40.21	.21
PHYSICAL THERAPIST	2	14	161.30	11.52	.000	80.65	.00
PORTABLE X-RAY	57	81	291.72	3.60	.001	5.12	.00
PROSTHETIST/ORTHOTISTS	58	192	30,331.97	157.98	.002	522.97	.32
PROSTHETICS	57	191	30,235.47	158.30	.002	530.45	.32
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.00
PSYCHOLOGIST	5	9	227.57	25.29	.000	45.51	.00
SPEECH AND AUDIOLOGY	107	325	17,511.10	53.88	.003	163.66	.19
HOSPICE SERVICES	102	2,978	301,110.75	101.11	.032	2952.07	3.22
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	791	10,270	112,998.16	11.00	.110	142.85	1.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	503	126,261	36,563.26	.29	1.351	72.69	.39
@CALIF. CHILDREN SERVICES*	359	4,999	\$ 682,420.26	\$ 136.51	.054	\$ 1900.89	\$ 7.30
@XOVER EXCLUDING STATE HOSP**	2,780	25,310	\$ 526,645.93	\$ 20.81	.271	\$ 189.44	\$ 5.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,573
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

6,445 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,209	18,578	\$ 757,279.57	\$ 40.76	2.883	\$ 235.99	\$ 117.50
@PHYSICIANS SERVICES	594	1,420	\$ 58,599.04	\$ 41.27	.220	\$ 98.65	\$ 9.09
OUTPATIENT VISITS	415	524	21,970.78	41.93	.081	52.94	3.41
OFFICE VISITS	193	247	8,080.37	32.71	.038	41.87	1.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	230	265	13,426.36	50.67	.041	58.38	2.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	9	12	464.05	38.67	.002	51.56	.07
INPATIENT VISITS	33	87	8,178.25	94.00	.013	247.83	1.27
HOSPITAL VISITS	31	60	3,199.24	53.32	.009	103.20	.50
CRITICAL CARE	2	27	4,979.01	184.41	.004	2489.51	.77
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	24	30	1,260.36	42.01	.005	52.52	.20
EXAMINATIONS	24	30	1,260.36	42.01	.005	52.52	.20
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	17	306	9,230.88	30.17	.047	542.99	1.43
PRINCIPAL SURGEON	11	16	6,479.01	404.94	.002	589.00	1.01
ASSISTANT SURGEON	1	1	344.82	344.82	.000	344.82	.05
ANESTHESIOLOGIST	8	289	2,407.05	8.33	.045	300.88	.37
OUTPATIENT SURGERY	57	99	8,955.47	90.46	.015	157.11	1.39
PRINCIPAL SURGEON	51	64	7,768.24	121.38	.010	152.32	1.21
ASSISTANT SURGEON	1	1	163.81	163.81	.000	163.81	.03
ANESTHESIOLOGIST	6	34	1,023.42	30.10	.005	170.57	.16
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	34	62	322.90	5.21	.010	9.50	.05
RADIOLOGY	121	195	4,960.45	25.44	.030	41.00	.77
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	5.45	5.45	.000	5.45	.00
OTHER SERVICES/ALL X-OVERS	56	116	3,714.50	32.02	.018	66.33	.58
@PHARMACY	898	9,875	\$ 105,224.66	\$ 10.66	1.532	\$ 117.18	\$ 16.33
PRESCRIPTION DRUGS	882	1,535	102,516.10	66.79	.238	116.23	15.91
SNF/ICF	2	6	376.73	62.79	.001	188.37	.06
OUTPATIENTS	880	1,529	102,139.37	66.80	.237	116.07	15.85
MEDICAL SUPPLIES	25	8,340	2,708.56	.32	1.294	108.34	.42
@DENTIST	215	1,031	\$ 26,704.40	\$ 25.90	.160	\$ 124.21	\$ 4.14
VISITS - DIAGNOSTIC	173	783	12,576.40	16.06	.121	72.70	1.95
ORAL SURGERY	21	39	2,749.00	70.49	.006	130.90	.43
DRUGS	3	3	75.00	25.00	.000	25.00	.01
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.03
PERIODONTICS	1	1	118.00	118.00	.000	118.00	.02
ENDODONTICS	17	21	2,192.50	104.40	.003	128.97	.34
RESTORATIVE DENTISTRY	66	162	7,206.00	44.48	.025	109.18	1.12
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	2	240.00	120.00	.000	240.00	.04
MAXILLOFACIAL SERVICES	1	1	47.50	47.50	.000	47.50	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	8	9	1,300.00	144.44	.001	162.50	.20
ALL OTHER SERVICES	3	8	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,574
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W						

						----- MONTHLY AVERAGE -----			
6,445 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	14	27	\$	836.17	\$ 30.97	.004	\$ 59.73	\$	.13
DIAGNOSTIC AND ANC. PROCED	13	14		570.41	40.74	.002	43.88		.09
EYE APPLIANCES	5	13		265.76	20.44	.002	53.15		.04
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	.00	\$	.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	1	1	\$	26.18	\$ 26.18	.000	\$ 26.18	\$	.00

MEDICINE/INJECTIONS	1	1		26.18	26.18	.000	26.18	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	4	\$	254.71	\$ 63.68	.001	\$ 84.90	\$.04
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	3	\$	120.42	\$ 40.14	.000	\$ 40.14	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	405	1,355	\$	213,035.66	\$ 157.22	.210	\$ 526.01	\$ 33.05
HOSP INPATIENT TOTAL	32	116		173,257.29	1493.60	.018	5414.29	26.88
HSC HOSPITALS	30	108		163,986.04	1518.39	.017	5466.20	25.44
NON-HSC HOSPITAL TOTAL	2	8		9,271.25	1158.91	.001	4635.63	1.44
ACCOMMODATIONS	2	8		4,813.92	601.74	.001	2406.96	.75
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8		4,813.92	601.74	.001	2406.96	.75
ANCILLARIES	2	0		4,457.33	.00	.000	2228.67	.69
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	384	1,239		39,778.37	32.11	.192	103.59	6.17
MEDICAL	77	105		5,182.58	49.36	.016	67.31	.80
SURGERY	23	28		1,619.36	57.83	.004	70.41	.25
PATHOLOGY	110	462		5,273.12	11.41	.072	47.94	.82
RADIOLOGY	113	140		12,911.08	92.22	.022	114.26	2.00
ROOM USE	277	329		12,346.16	37.53	.051	44.57	1.92
CROSSOVERS/ALL OTH OUTPTNT	101	175		2,446.07	13.98	.027	24.22	.38
@COUNTY HOSPITAL TOTAL	7	49	\$	25,853.81	\$ 527.63	.008	\$ 3693.40	\$ 4.01
CO HOSPITAL INPATIENT TOTAL	1	22		24,860.00	1130.00	.003	24860.00	3.86
HSC HOSPITALS	1	22		24,860.00	1130.00	.003	24860.00	3.86
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	27	993.81	36.81	.004	165.64	.15
MEDICAL	2	9	427.71	47.52	.001	213.86	.07
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	3	102.76	34.25	.000	34.25	.02
ROOM USE	5	11	422.52	38.41	.002	84.50	.07
CROSSOVERS/ALL OTH OUTPTNT	2	4	40.82	10.21	.001	20.41	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,575
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

6,445 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	399	1,306	\$ 187,181.85	\$ 143.32	.203	\$ 469.13	\$ 29.04
COMM HOSP INPATIENT TOTAL	31	94	148,397.29	1578.69	.015	4787.01	23.03
HSC HOSPITALS	29	86	139,126.04	1617.74	.013	4797.45	21.59
NON-HSC HOSPITALS TOTAL	2	8	9,271.25	1158.91	.001	4635.63	1.44
ACCOMMODATIONS	2	8	4,813.92	601.74	.001	2406.96	.75
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	4,813.92	601.74	.001	2406.96	.75
ANCILLARIES	2	0	4,457.33	.00	.000	2228.67	.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	379	1,212	38,784.56	32.00	.188	102.33	6.02
MEDICAL	75	96	4,754.87	49.53	.015	63.40	.74
SURGERY	23	28	1,619.36	57.83	.004	70.41	.25
PATHOLOGY	110	462	5,273.12	11.41	.072	47.94	.82
RADIOLOGY	110	137	12,808.32	93.49	.021	116.44	1.99
ROOM USE	273	318	11,923.64	37.50	.049	43.68	1.85
CROSSOVERS/ALL OTH OUTPTNT	99	171	2,405.25	14.07	.027	24.30	.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	20	174	\$ 2,487.76	\$ 14.30	.027	\$ 124.39	\$.39
HOSPITAL BASED	1	2	62.28	31.14	.000	62.28	.01

INDEPENDENT FACILITY	19	172		2,425.48	14.10	.027	127.66	.38
@LABORATORY FACILITY	145	434	\$	5,718.95	\$ 13.18	.067	\$ 39.44	\$.89
PATHOLOGY	145	434		5,718.95	13.18	.067	39.44	.89
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,705	3,004	\$	326,992.61	\$ 108.85	.466	\$ 191.78	\$ 50.74
CLINIC	110	496		12,433.64	25.07	.077	113.03	1.93
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	21		240.98	11.48	.003	240.98	.04
RURAL HEALTH CLINIC	1,599	2,487		314,317.99	126.38	.386	196.57	48.77

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,576
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	6,445 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	122		1,250	\$ 17,279.01	\$ 13.82	.194	\$ 141.63	\$ 2.68
DURABLE MED. EQUIP.	4		4	389.58	97.40	.001	97.40	.06
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	31		247	5,965.52	24.15	.038	192.44	.93
AMBULANCES/AIR TRANS	31		246	4,165.52	16.93	.038	134.37	.65
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	1		1	1,800.00	1800.00	.000	1800.00	.28
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1		1	105.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	16		54	605.56	11.21	.008	37.85	.09
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2		8	1,357.35	169.67	.001	678.68	.21
PROSTHETICS	2		8	1,357.35	169.67	.001	678.68	.21
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8		30	1,029.12	34.30	.005	128.64	.16
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	58		904	7,810.86	8.64	.140	134.67	1.21
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2		2	16.02	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	62		773	\$ 90,246.07	\$ 116.75	.120	\$ 1455.58	\$ 14.00
@XOVER EXCLUDING STATE HOSP**	0		0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,577
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MIC - SOC	AID CODE 83

	47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	94		623	\$ 127,205.73	\$ 204.18	13.255	\$ 1353.25	\$ 2706.50
@PHYSICIANS SERVICES	36		200	\$ 9,435.34	\$ 47.18	4.255	\$ 262.09	\$ 200.75

OUTPATIENT VISITS	18	23	1,187.07	51.61	.489	65.95	25.26
OFFICE VISITS	2	3	158.67	52.89	.064	79.34	3.38
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	16	19	1,013.92	53.36	.404	63.37	21.57
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	14.48	14.48	.021	14.48	.31
INPATIENT VISITS	7	80	5,196.16	64.95	1.702	742.31	110.56
HOSPITAL VISITS	7	63	3,340.38	53.02	1.340	477.20	71.07
CRITICAL CARE	3	17	1,855.78	109.16	.362	618.59	39.48
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	50	1,274.69	25.49	1.064	254.94	27.12
PRINCIPAL SURGEON	2	2	306.03	153.02	.043	153.02	6.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	48	968.66	20.18	1.021	322.89	20.61
OUTPATIENT SURGERY	3	3	246.02	82.01	.064	82.01	5.23
PRINCIPAL SURGEON	3	3	246.02	82.01	.064	82.01	5.23
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	48.10	16.03	.064	48.10	1.02
RADIOLOGY	12	26	800.36	30.78	.553	66.70	17.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	11	15	682.94	45.53	.319	62.09	14.53
@PHARMACY	3	4	\$ 467.36	\$ 116.84	.085	\$ 155.79	\$ 9.94
PRESCRIPTION DRUGS	3	4	467.36	116.84	.085	155.79	9.94
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3	4	467.36	116.84	.085	155.79	9.94
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	19	44	\$ 161.00	\$ 3.66	.936	\$ 8.47	\$ 3.43
VISITS - DIAGNOSTIC	17	37	83.00	2.24	.787	4.88	1.77
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	6	78.00	13.00	.128	19.50	1.66
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1	.00	.00	.021	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIC - SOC
AID CODE 83
PAGE 6,578
03/14/05

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	29	232	\$	111,323.08	\$	479.84	4.936	\$ 3838.73
HOSP INPATIENT TOTAL	10	63		106,810.00		1695.40	1.340	10681.00
HSC HOSPITALS	10	63		106,810.00		1695.40	1.340	10681.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.00	.00
ANCILLARIES	0	0		.00		.00	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.00	.00
HOSP OUTPATIENT TOTAL	20	169		4,513.08		26.70	3.596	225.65
MEDICAL	7	15		406.51		27.10	.319	58.07
SURGERY	0	0		.00		.00	.00	.00
PATHOLOGY	12	78		764.98		9.81	1.660	63.75
RADIOLOGY	14	27		2,152.23		79.71	.574	153.73
ROOM USE	16	21		711.89		33.90	.447	44.49
CROSSOVERS/ALL OTH OUTPTNT	12	28		477.47		17.05	.596	39.79
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00
MEDICAL	0	0		.00		.00	.000	.00
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	0	0		.00		.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,579
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MARIN COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

47 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

----- MONTHLY AVERAGE -----

UNITS/DAYS COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	29	232	\$	111,323.08	\$ 479.84	4.936	\$ 3838.73	\$ 2368.58
COMM HOSP INPATIENT TOTAL	10	63		106,810.00	1695.40	1.340	10681.00	2272.55
HSC HOSPITALS	10	63		106,810.00	1695.40	1.340	10681.00	2272.55
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	20	169		4,513.08	26.70	3.596	225.65	96.02
MEDICAL	7	15		406.51	27.10	.319	58.07	8.65
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	12	78		764.98	9.81	1.660	63.75	16.28
RADIOLOGY	14	27		2,152.23	79.71	.574	153.73	45.79
ROOM USE	16	21		711.89	33.90	.447	44.49	15.15
CROSSOVERS/ALL OTH OUTPTNT	12	28		477.47	17.05	.596	39.79	10.16
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	43	\$	3,151.70	\$ 73.30	.915	\$ 242.44	\$ 67.06
CLINIC	5	27		1,129.37	41.83	.574	225.87	24.03
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	8	16		2,022.33	126.40	.340	252.79	43.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,580
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	11	100	\$ 2,667.25	\$ 26.67	2.128	\$ 242.48	\$ 56.75	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	8	81	2,157.43	26.63	1.723	269.68	45.90	
AMBULANCES/AIR TRANS	8	80	882.43	11.03	1.702	110.30	18.78	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	1	1	1,275.00	1275.00	.021	1275.00	27.13	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	1	3	247.29	82.43	.064	247.29	5.26	
PROSTHETICS	1	3	247.29	82.43	.064	247.29	5.26	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	2	16	262.53	16.41	.340	131.27	5.59	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	4	85	\$ 87,703.62	\$ 1031.81	1.809	\$ 21925.91	\$ 1866.03	
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MARIN COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

6,492 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	3,303	19,201	\$ 884,485.30	\$ 46.06	2.958	\$ 267.78	\$ 136.24
@PHYSICIANS SERVICES	630	1,620	\$ 68,034.38	\$ 42.00	.250	\$ 107.99	\$ 10.48
OUTPATIENT VISITS	433	547	23,157.85	42.34	.084	53.48	3.57
OFFICE VISITS	195	250	8,239.04	32.96	.039	42.25	1.27
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	246	284	14,440.28	50.85	.044	58.70	2.22
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	10	13	478.53	36.81	.002	47.85	.07
INPATIENT VISITS	40	167	13,374.41	80.09	.026	334.36	2.06
HOSPITAL VISITS	38	123	6,539.62	53.17	.019	172.10	1.01
CRITICAL CARE	5	44	6,834.79	155.34	.007	1366.96	1.05
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	24	30	1,260.36	42.01	.005	52.52	.19
EXAMINATIONS	24	30	1,260.36	42.01	.005	52.52	.19
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	22	356	10,505.57	29.51	.055	477.53	1.62
PRINCIPAL SURGEON	13	18	6,785.04	376.95	.003	521.93	1.05
ASSISTANT SURGEON	1	1	344.82	344.82	.000	344.82	.05
ANESTHESIOLOGIST	11	337	3,375.71	10.02	.052	306.88	.52
OUTPATIENT SURGERY	60	102	9,201.49	90.21	.016	153.36	1.42
PRINCIPAL SURGEON	54	67	8,014.26	119.62	.010	148.41	1.23
ASSISTANT SURGEON	1	1	163.81	163.81	.000	163.81	.03
ANESTHESIOLOGIST	6	34	1,023.42	30.10	.005	170.57	.16
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	35	65	371.00	5.71	.010	10.60	.06
RADIOLOGY	133	221	5,760.81	26.07	.034	43.31	.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	5.45	5.45	.000	5.45	.00
OTHER SERVICES/ALL X-OVERS	67	131	4,397.44	33.57	.020	65.63	.68
@PHARMACY	901	9,879	\$ 105,692.02	\$ 10.70	1.522	\$ 117.31	\$ 16.28
PRESCRIPTION DRUGS	885	1,539	102,983.46	66.92	.237	116.37	15.86
SNF/ICF	2	6	376.73	62.79	.001	188.37	.06
OUTPATIENTS	883	1,533	102,606.73	66.93	.236	116.20	15.81
MEDICAL SUPPLIES	25	8,340	2,708.56	.32	1.285	108.34	.42
@DENTIST	234	1,075	\$ 26,865.40	\$ 24.99	.166	\$ 114.81	\$ 4.14
VISITS - DIAGNOSTIC	190	820	12,659.40	15.44	.126	66.63	1.95
ORAL SURGERY	21	39	2,749.00	70.49	.006	130.90	.42
DRUGS	3	3	75.00	25.00	.000	25.00	.01
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.03
PERIODONTICS	1	1	118.00	118.00	.000	118.00	.02
ENDODONTICS	17	21	2,192.50	104.40	.003	128.97	.34
RESTORATIVE DENTISTRY	70	168	7,284.00	43.36	.026	104.06	1.12
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	3	240.00	80.00	.000	120.00	.04
MAXILLOFACIAL SERVICES	1	1	47.50	47.50	.000	47.50	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	8	9	1,300.00	144.44	.001	162.50	.20
ALL OTHER SERVICES	3	8	.00	.00	.001	.00	.00

MARIN COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

6,492 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	14	27	\$ 836.17	\$ 30.97	.004	\$ 59.73	\$.13
DIAGNOSTIC AND ANC. PROCED	13	14	570.41	40.74	.002	43.88	.09
EYE APPLIANCES	5	13	265.76	20.44	.002	53.15	.04
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 26.18	\$ 26.18	.000	\$ 26.18	\$.00
MEDICINE/INJECTIONS	1	1	26.18	26.18	.000	26.18	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	4	\$ 254.71	\$ 63.68	.001	\$ 84.90	\$.04
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	3	3	\$ 120.42	\$ 40.14	.000	\$ 40.14	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	434	1,587	\$ 324,358.74	\$ 204.38	.244	\$ 747.37	\$ 49.96
HOSP INPATIENT TOTAL	42	179	280,067.29	1564.62	.028	6668.27	43.14
HSC HOSPITALS	40	171	270,796.04	1583.60	.026	6769.90	41.71
NON-HSC HOSPITAL TOTAL	2	8	9,271.25	1158.91	.001	4635.63	1.43
ACCOMMODATIONS	2	8	4,813.92	601.74	.001	2406.96	.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	4,813.92	601.74	.001	2406.96	.74
ANCILLARIES	2	0	4,457.33	.00	.000	2228.67	.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	404	1,408	44,291.45	31.46	.217	109.63	6.82
MEDICAL	84	120	5,589.09	46.58	.018	66.54	.86
SURGERY	23	28	1,619.36	57.83	.004	70.41	.25
PATHOLOGY	122	540	6,038.10	11.18	.083	49.49	.93
RADIOLOGY	127	167	15,063.31	90.20	.026	118.61	2.32
ROOM USE	293	350	13,058.05	37.31	.054	44.57	2.01
CROSSOVERS/ALL OTH OUTPTNT	113	203	2,923.54	14.40	.031	25.87	.45
@COUNTY HOSPITAL TOTAL	7	49	\$ 25,853.81	\$ 527.63	.008	\$ 3693.40	\$ 3.98
CO HOSPITAL INPATIENT TOTAL	1	22	24,860.00	1130.00	.003	24860.00	3.83
HSC HOSPITALS	1	22	24,860.00	1130.00	.003	24860.00	3.83
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	27	993.81	36.81	.004	165.64	.15
MEDICAL	2	9	427.71	47.52	.001	213.86	.07
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	3	102.76	34.25	.000	34.25	.02
ROOM USE	5	11	422.52	38.41	.002	84.50	.07

6,492 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	428	1,538	\$ 298,504.93	\$ 194.09	.237	\$ 697.44	\$ 45.98
COMM HOSP INPATIENT TOTAL	41	157	255,207.29	1625.52	.024	6224.57	39.31
HSC HOSPITALS	39	149	245,936.04	1650.58	.023	6306.05	37.88
NON-HSC HOSPITALS TOTAL	2	8	9,271.25	1158.91	.001	4635.63	1.43
ACCOMMODATIONS	2	8	4,813.92	601.74	.001	2406.96	.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	4,813.92	601.74	.001	2406.96	.74
ANCILLARIES	2	0	4,457.33	.00	.000	2228.67	.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	399	1,381	43,297.64	31.35	.213	108.52	6.67
MEDICAL	82	111	5,161.38	46.50	.017	62.94	.80
SURGERY	23	28	1,619.36	57.83	.004	70.41	.25
PATHOLOGY	122	540	6,038.10	11.18	.083	49.49	.93
RADIOLOGY	124	164	14,960.55	91.22	.025	120.65	2.30
ROOM USE	289	339	12,635.53	37.27	.052	43.72	1.95
CROSSOVERS/ALL OTH OUTPTNT	111	199	2,882.72	14.49	.031	25.97	.44
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	20	174	\$ 2,487.76	\$ 14.30	.027	\$ 124.39	\$.38
HOSPITAL BASED	1	2	62.28	31.14	.000	62.28	.01
INDEPENDENT FACILITY	19	172	2,425.48	14.10	.026	127.66	.37
@LABORATORY FACILITY	145	434	\$ 5,718.95	\$ 13.18	.067	\$ 39.44	\$.88
PATHOLOGY	145	434	5,718.95	13.18	.067	39.44	.88
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,718	3,047	\$ 330,144.31	\$ 108.35	.469	\$ 192.17	\$ 50.85
CLINIC	115	523	13,563.01	25.93	.081	117.94	2.09
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	21	240.98	11.48	.003	240.98	.04
RURAL HEALTH CLINIC	1,607	2,503	316,340.32	126.38	.386	196.85	48.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,584
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						

6,492 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	133	1,350	\$ 19,946.26	\$ 14.78	.208	\$ 149.97	\$ 3.07
DURABLE MED. EQUIP.	4	4	389.58	97.40	.001	97.40	.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	39	328	8,122.95	24.77	.051	208.28	1.25
AMBULANCES/AIR TRANS	39	326	5,047.95	15.48	.050	129.43	.78
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,075.00	1537.50	.000	1537.50	.47
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	54	605.56	11.21	.008	37.85	.09
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	11	1,604.64	145.88	.002	534.88	.25
PROSTHETICS	3	11	1,604.64	145.88	.002	534.88	.25
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	30	1,029.12	34.30	.005	128.64	.16
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	60	920	8,073.39	8.78	.142	134.56	1.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	16.02	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	66	858	\$ 177,949.69	\$ 207.40	.132	\$ 2696.21	\$ 27.41

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,585

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000		\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000		\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000		\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,586
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,587
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,588
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,589
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	102	687	\$ 59,023.90	\$ 85.92	10.409	\$ 578.67	\$ 894.30
@PHYSICIANS SERVICES	40	90	\$ 7,725.75	\$ 85.84	1.364	\$ 193.14	\$ 117.06
OUTPATIENT VISITS	10	12	868.87	72.41	.182	86.89	13.16
OFFICE VISITS	1	1	68.90	68.90	.015	68.90	1.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	7	423.18	60.45	.106	84.64	6.41
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	4	376.79	94.20	.061	94.20	5.71

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	2	4		186.60	46.65	.061	93.30	2.83
HOSPITAL VISITS	2	4		186.60	46.65	.061	93.30	2.83
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	17		3,710.11	218.24	.258	530.02	56.21
PRINCIPAL SURGEON	6	7		3,292.96	470.42	.106	548.83	49.89
ASSISTANT SURGEON	1	1		186.50	186.50	.015	186.50	2.83
ANESTHESIOLOGIST	1	9		230.65	25.63	.136	230.65	3.49
OUTPATIENT SURGERY	11	18		1,633.81	90.77	.273	148.53	24.75
PRINCIPAL SURGEON	10	11		1,463.33	133.03	.167	146.33	22.17
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7		170.48	24.35	.106	85.24	2.58
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	5		23.34	4.67	.076	11.67	.35
RADIOLOGY	19	23		940.44	40.89	.348	49.50	14.25
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	5		35.53	7.11	.076	17.77	.54
OTHER SERVICES/ALL X-OVERS	5	6		327.05	54.51	.091	65.41	4.96
@PHARMACY	28	60	\$	1,367.93	\$ 22.80	.909	\$ 48.85	\$ 20.73
PRESCRIPTION DRUGS	28	58		1,156.91	19.95	.879	41.32	17.53
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	28	58		1,156.91	19.95	.879	41.32	17.53
MEDICAL SUPPLIES	1	2		211.02	105.51	.030	211.02	3.20
@DENTIST	4	18	\$	322.00	\$ 17.89	.273	\$ 80.50	\$ 4.88
VISITS - DIAGNOSTIC	3	15		199.00	13.27	.227	66.33	3.02
ORAL SURGERY	1	1		45.00	45.00	.015	45.00	.68
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	48.00	48.00	.015	48.00	.73
PROSTHETICS	1	1	30.00	30.00	.015	30.00	.45
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,590
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 39.44	\$ 39.44	.015	\$ 39.44	\$.60
DIAGNOSTIC AND ANC. PROCED	1	1	39.44	39.44	.015	39.44	.60
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	32	189	\$ 40,677.82	\$ 215.23	2.864	\$ 1271.18	\$ 616.33
HOSP INPATIENT TOTAL	8	18	35,421.05	1967.84	.273	4427.63	536.68
HSC HOSPITALS	8	18	35,421.05	1967.84	.273	4427.63	536.68
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	29	171	5,256.77	30.74	2.591	181.27	79.65
MEDICAL	6	10	402.80	40.28	.152	67.13	6.10
SURGERY	3	5	220.83	44.17	.076	73.61	3.35
PATHOLOGY	13	68	734.89	10.81	1.030	56.53	11.13
RADIOLOGY	10	15	1,227.13	81.81	.227	122.71	18.59
ROOM USE	14	27	1,331.72	49.32	.409	95.12	20.18
CROSSOVERS/ALL OTH OUTPTNT	17	46	1,339.40	29.12	.697	78.79	20.29
@COUNTY HOSPITAL TOTAL	5	38	\$ 1,156.47	\$ 30.43	.576	\$ 231.29	\$ 17.52
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	38	1,156.47	30.43	.576	231.29	17.52
MEDICAL	1	1	128.57	128.57	.015	128.57	1.95
SURGERY	2	4	120.42	30.11	.061	60.21	1.82
PATHOLOGY	2	10	197.45	19.75	.152	98.73	2.99
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	10	592.40	59.24	.152	148.10	8.98
CROSSOVERS/ALL OTH OUTPTNT	3	13	117.63	9.05	.197	39.21	1.78

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,591
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28	151	\$ 39,521.35	\$ 261.73	2.288	\$ 1411.48	\$ 598.81
COMM HOSP INPATIENT TOTAL	8	18	35,421.05	1967.84	.273	4427.63	536.68
HSC HOSPITALS	8	18	35,421.05	1967.84	.273	4427.63	536.68
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	25	133	4,100.30	30.83	2.015	164.01	62.13
MEDICAL	5	9	274.23	30.47	.136	54.85	4.16
SURGERY	1	1	100.41	100.41	.015	100.41	1.52
PATHOLOGY	12	58	537.44	9.27	.879	44.79	8.14
RADIOLOGY	10	15	1,227.13	81.81	.227	122.71	18.59
ROOM USE	11	17	739.32	43.49	.258	67.21	11.20
CROSSOVERS/ALL OTH OUTPTNT	14	33	1,221.77	37.02	.500	87.27	18.51
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	23	64	\$	880.71	\$	13.76	.970	\$ 38.29	\$ 13.34
PATHOLOGY	23	64		880.71		13.76	.970	38.29	13.34
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	41	261	\$	7,769.16	\$	29.77	3.955	\$ 189.49	\$ 117.71
CLINIC	34	239		5,093.10		21.31	3.621	149.80	77.17
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	9	22		2,676.06		121.64	.333	297.34	40.55

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,592
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	4	\$ 241.09	\$ 60.27	.061	\$ 80.36	\$ 3.65
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	2	128.08	64.04	.030	128.08	1.94
AMBULANCES/AIR TRANS	1	2	128.08	64.04	.030	128.08	1.94
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.015	105.00	1.59
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.015	8.01	.12
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,593
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL	

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	102	687	\$ 59,023.90	\$ 85.92	10.409	\$ 578.67	\$ 894.30
@PHYSICIANS SERVICES	40	90	\$ 7,725.75	\$ 85.84	1.364	\$ 193.14	\$ 117.06

OUTPATIENT VISITS	10	12		868.87	72.41	.182	86.89	13.16
OFFICE VISITS	1	1		68.90	68.90	.015	68.90	1.04
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	5	7		423.18	60.45	.106	84.64	6.41
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	4		376.79	94.20	.061	94.20	5.71
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	2	4		186.60	46.65	.061	93.30	2.83
HOSPITAL VISITS	2	4		186.60	46.65	.061	93.30	2.83
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	17		3,710.11	218.24	.258	530.02	56.21
PRINCIPAL SURGEON	6	7		3,292.96	470.42	.106	548.83	49.89
ASSISTANT SURGEON	1	1		186.50	186.50	.015	186.50	2.83
ANESTHESIOLOGIST	1	9		230.65	25.63	.136	230.65	3.49
OUTPATIENT SURGERY	11	18		1,633.81	90.77	.273	148.53	24.75
PRINCIPAL SURGEON	10	11		1,463.33	133.03	.167	146.33	22.17
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7		170.48	24.35	.106	85.24	2.58
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	5		23.34	4.67	.076	11.67	.35
RADIOLOGY	19	23		940.44	40.89	.348	49.50	14.25
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	5		35.53	7.11	.076	17.77	.54
OTHER SERVICES/ALL X-OVERS	5	6		327.05	54.51	.091	65.41	4.96
@PHARMACY	28	60	\$	1,367.93	\$ 22.80	.909	\$ 48.85	\$ 20.73
PRESCRIPTION DRUGS	28	58		1,156.91	19.95	.879	41.32	17.53
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	28	58		1,156.91	19.95	.879	41.32	17.53
MEDICAL SUPPLIES	1	2		211.02	105.51	.030	211.02	3.20
@DENTIST	4	18	\$	322.00	\$ 17.89	.273	\$ 80.50	\$ 4.88
VISITS - DIAGNOSTIC	3	15		199.00	13.27	.227	66.33	3.02
ORAL SURGERY	1	1		45.00	45.00	.015	45.00	.68
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		48.00	48.00	.015	48.00	.73
PROSTHETICS	1	1		30.00	30.00	.015	30.00	.45
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,594
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL							

						----- MONTHLY AVERAGE -----			
66 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@OPTOMETRIST	1	1	\$ 39.44	\$ 39.44	.015	\$ 39.44	\$.60		
DIAGNOSTIC AND ANC. PROCED	1	1	39.44	39.44	.015	39.44	.60		

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	32	189	\$ 40,677.82	\$ 215.23	2.864	\$ 1271.18	\$ 616.33
HOSP INPATIENT TOTAL	8	18	35,421.05	1967.84	.273	4427.63	536.68
HSC HOSPITALS	8	18	35,421.05	1967.84	.273	4427.63	536.68
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	29	171	5,256.77	30.74	2.591	181.27	79.65
MEDICAL	6	10	402.80	40.28	.152	67.13	6.10
SURGERY	3	5	220.83	44.17	.076	73.61	3.35
PATHOLOGY	13	68	734.89	10.81	1.030	56.53	11.13
RADIOLOGY	10	15	1,227.13	81.81	.227	122.71	18.59
ROOM USE	14	27	1,331.72	49.32	.409	95.12	20.18

CROSSOVERS/ALL OTH OUTPTNT	17	46		1,339.40	29.12	.697	78.79	20.29
@COUNTY HOSPITAL TOTAL	5	38	\$	1,156.47	\$ 30.43	.576	\$ 231.29	\$ 17.52
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	38		1,156.47	30.43	.576	231.29	17.52
MEDICAL	1	1		128.57	128.57	.015	128.57	1.95
SURGERY	2	4		120.42	30.11	.061	60.21	1.82
PATHOLOGY	2	10		197.45	19.75	.152	98.73	2.99
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	4	10		592.40	59.24	.152	148.10	8.98
CROSSOVERS/ALL OTH OUTPTNT	3	13		117.63	9.05	.197	39.21	1.78

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,595
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28		151	\$ 39,521.35	\$ 261.73	2.288	\$ 1411.48	\$ 598.81
COMM HOSP INPATIENT TOTAL	8		18	35,421.05	1967.84	.273	4427.63	536.68
HSC HOSPITALS	8		18	35,421.05	1967.84	.273	4427.63	536.68
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	25		133	4,100.30	30.83	2.015	164.01	62.13
MEDICAL	5		9	274.23	30.47	.136	54.85	4.16
SURGERY	1		1	100.41	100.41	.015	100.41	1.52
PATHOLOGY	12		58	537.44	9.27	.879	44.79	8.14
RADIOLOGY	10		15	1,227.13	81.81	.227	122.71	18.59
ROOM USE	11		17	739.32	43.49	.258	67.21	11.20
CROSSOVERS/ALL OTH OUTPTNT	14		33	1,221.77	37.02	.500	87.27	18.51
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	23	64	\$	880.71	\$	13.76	.970	\$ 38.29	\$ 13.34
PATHOLOGY	23	64		880.71		13.76	.970	38.29	13.34
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	41	261	\$	7,769.16	\$	29.77	3.955	\$ 189.49	\$ 117.71
CLINIC	34	239		5,093.10		21.31	3.621	149.80	77.17
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	9	22		2,676.06		121.64	.333	297.34	40.55

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,596
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

66 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	4	\$ 241.09	\$ 60.27	.061	\$ 80.36	\$ 3.65
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	2	128.08	64.04	.030	128.08	1.94
AMBULANCES/AIR TRANS	1	2	128.08	64.04	.030	128.08	1.94
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.015	105.00	1.59
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.015	8.01	.12
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MARIN COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	66	1,268	\$ 138,276.64	\$ 109.05	38.424	\$ 2095.10	\$ 4190.20
@PHYSICIANS SERVICES	14	25	\$ 1,566.65	\$ 62.67	.758	\$ 111.90	\$ 47.47
OUTPATIENT VISITS	3	3	157.58	52.53	.091	52.53	4.78
OFFICE VISITS	2	2	49.50	24.75	.061	24.75	1.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.030	108.08	3.28
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	6	133.90	22.32	.182	26.78	4.06
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	5	6	133.90	22.32	.182	26.78	4.06
OPHTHALMOLOGICAL SERVICES	1	2	84.78	42.39	.061	84.78	2.57
EXAMINATIONS	1	2	84.78	42.39	.061	84.78	2.57
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	3	611.11	203.70	.091	305.56	18.52
PRINCIPAL SURGEON	2	3	611.11	203.70	.091	305.56	18.52
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	8.59	8.59	.030	8.59	.26
RADIOLOGY	3	5	280.48	56.10	.152	93.49	8.50
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5	290.21	58.04	.152	96.74	8.79
@PHARMACY	34	207	\$ 21,159.73	\$ 102.22	6.273	\$ 622.35	\$ 641.20
PRESCRIPTION DRUGS	34	207	21,159.73	102.22	6.273	622.35	641.20
SNF/ICF	28	181	19,726.94	108.99	5.485	704.53	597.79
OUTPATIENTS	6	26	1,432.79	55.11	.788	238.80	43.42
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	5	8	\$ 338.00	\$ 42.25	.242	\$ 67.60	\$ 10.24
VISITS - DIAGNOSTIC	4	6	205.00	34.17	.182	51.25	6.21
ORAL SURGERY	1	1	85.00	85.00	.030	85.00	2.58
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	48.00	48.00	.030	48.00	1.45
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

MARIN COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	7	\$ 133.15	\$ 19.02	.212	\$ 133.15	\$ 4.03
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.030	47.45	1.44
EYE APPLIANCES	1	6	85.70	14.28	.182	85.70	2.60
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	3	\$ 105.20	\$ 35.07	.091	\$ 52.60	\$ 3.19
MEDICINE/INJECTIONS	2	3	105.20	35.07	.091	52.60	3.19
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.061	\$ 104.99	\$ 3.18
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	11	33	\$ 1,296.99	\$ 39.30	1.000	\$ 117.91	\$ 39.30
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	33	1,296.99	39.30	1.000	117.91	39.30
MEDICAL	2	2	147.44	73.72	.061	73.72	4.47
SURGERY	1	1	83.53	83.53	.030	83.53	2.53
PATHOLOGY	7	16	162.84	10.18	.485	23.26	4.93
RADIOLOGY	3	7	511.20	73.03	.212	170.40	15.49
ROOM USE	3	6	372.23	62.04	.182	124.08	11.28
CROSSOVERS/ALL OTH OUTPTNT	1	1	19.75	19.75	.030	19.75	.60
@COUNTY HOSPITAL TOTAL	1	6	\$ 409.51	\$ 68.25	.182	\$ 409.51	\$ 12.41
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	6	409.51	68.25	.182	409.51	12.41
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	83.53	83.53	.030	83.53	2.53
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	4	306.23	76.56	.121	306.23	9.28

						AID CODE 53		----- MONTHLY AVERAGE -----	
33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	10	27	\$ 887.48	\$ 32.87	.818	\$ 88.75	\$ 26.89		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	10	27	887.48	32.87	.818	88.75	26.89		
MEDICAL	2	2	147.44	73.72	.061	73.72	4.47		
SURGERY	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	7	16	162.84	10.18	.485	23.26	4.93		
RADIOLOGY	3	7	511.20	73.03	.212	170.40	15.49		
ROOM USE	2	2	66.00	33.00	.061	33.00	2.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00		
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00		
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00		
@NURSING FACILITY	24	831	\$ 109,230.60	\$ 131.44	25.182	\$ 4551.28	\$ 3310.02		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00		
LEV B-REHAB MD	6	400	49,298.83	123.25	12.121	8216.47	1493.90		
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00		

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	18	431		59,931.77		139.05	13.061	3329.54	1816.11
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	7	27	\$	236.65	\$	8.76	.818	\$ 33.81	\$ 7.17
PATHOLOGY	7	27		236.65		8.76	.818	33.81	7.17
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	5	\$	630.16	\$	126.03	.152	\$ 157.54	\$ 19.10
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	4	5		630.16		126.03	.152	157.54	19.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 6,600
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC								AID CODE 53

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	120	\$ 3,474.52	\$ 28.95	3.636	\$ 434.32	\$ 105.29
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	103	1,055.51	10.25	3.121	211.10	31.99
AMBULANCES/AIR TRANS	5	103	1,055.51	10.25	3.121	211.10	31.99
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	60.26	30.13	.061	60.26	1.83
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	15	2,358.75	157.25	.455	1179.38	71.48
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 1 0 \$ 328.50 \$.00 .000 \$ 328.50 \$ 9.95
 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,601
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MARIN COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1	23	\$ 445.55	\$ 19.37	.000	\$ 445.55	\$.00	
@PHYSICIANS SERVICES	1	2	\$ 54.12	\$ 27.06	.000	\$ 54.12	\$.00	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	1	2	54.12	27.06	.000	54.12	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00	
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,602
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	21	\$ 391.43	\$ 18.64	.000	\$ 391.43	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	21	391.43	18.64	.000	391.43	.00
MEDICAL	1	4	113.65	28.41	.000	113.65	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	43.74	10.94	.000	43.74	.00
RADIOLOGY	1	1	58.22	58.22	.000	58.22	.00
ROOM USE	1	3	120.29	40.10	.000	120.29	.00
CROSSOVERS/ALL OTH OUTPTNT	1	9	55.53	6.17	.000	55.53	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,603
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	21	\$ 391.43	\$ 18.64	.000	\$ 391.43	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	21	391.43	18.64	.000	391.43	.00
MEDICAL	1	4	113.65	28.41	.000	113.65	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	43.74	10.94	.000	43.74	.00
RADIOLOGY	1	1	58.22	58.22	.000	58.22	.00
ROOM USE	1	3	120.29	40.10	.000	120.29	.00
CROSSOVERS/ALL OTH OUTPTNT	1	9	55.53	6.17	.000	55.53	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,604
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,605
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - TOTAL	

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	67	1,291	\$ 138,722.19	\$ 107.45	39.121	\$ 2070.48	\$ 4203.70
@PHYSICIANS SERVICES	15	27	\$ 1,620.77	\$ 60.03	.818	\$ 108.05	\$ 49.11
OUTPATIENT VISITS	3	3	157.58	52.53	.091	52.53	4.78
OFFICE VISITS	2	2	49.50	24.75	.061	24.75	1.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.030	108.08	3.28
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	6	133.90	22.32	.182	26.78	4.06
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	5	6	133.90	22.32	.182	26.78	4.06
OPHTHALMOLOGICAL SERVICES	1	2	84.78	42.39	.061	84.78	2.57
EXAMINATIONS	1	2	84.78	42.39	.061	84.78	2.57
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	3	611.11	203.70	.091	305.56	18.52
PRINCIPAL SURGEON	2	3	611.11	203.70	.091	305.56	18.52
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	8.59	8.59	.030	8.59	.26
RADIOLOGY	4	7	334.60	47.80	.212	83.65	10.14
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5	290.21	58.04	.152	96.74	8.79
@PHARMACY	34	207	\$ 21,159.73	\$ 102.22	6.273	\$ 622.35	\$ 641.20
PRESCRIPTION DRUGS	34	207	21,159.73	102.22	6.273	622.35	641.20
SNF/ICF	28	181	19,726.94	108.99	5.485	704.53	597.79
OUTPATIENTS	6	26	1,432.79	55.11	.788	238.80	43.42
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	5	8	\$ 338.00	\$ 42.25	.242	\$ 67.60	\$ 10.24
VISITS - DIAGNOSTIC	4	6	205.00	34.17	.182	51.25	6.21
ORAL SURGERY	1	1	85.00	85.00	.030	85.00	2.58
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	48.00	48.00	.030	48.00	1.45
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,606
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	7	\$ 133.15	\$ 19.02	.212	\$ 133.15	\$ 4.03
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.030	47.45	1.44
EYE APPLIANCES	1	6	85.70	14.28	.182	85.70	2.60
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	3	\$ 105.20	\$ 35.07	.091	\$ 52.60	\$ 3.19
MEDICINE/INJECTIONS	2	3	105.20	35.07	.091	52.60	3.19
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.061	\$ 104.99	\$ 3.18
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	12	54	\$ 1,688.42	\$ 31.27	1.636	\$ 140.70	\$ 51.16
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12	54	1,688.42	31.27	1.636	140.70	51.16
MEDICAL	3	6	261.09	43.52	.182	87.03	7.91
SURGERY	1	1	83.53	83.53	.030	83.53	2.53
PATHOLOGY	8	20	206.58	10.33	.606	25.82	6.26
RADIOLOGY	4	8	569.42	71.18	.242	142.36	17.26
ROOM USE	4	9	492.52	54.72	.273	123.13	14.92
CROSSOVERS/ALL OTH OUTPTNT	2	10	75.28	7.53	.303	37.64	2.28
@COUNTY HOSPITAL TOTAL	1	6	\$ 409.51	\$ 68.25	.182	\$ 409.51	\$ 12.41
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	6	409.51	68.25	.182	409.51	12.41
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	83.53	83.53	.030	83.53	2.53
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	4	306.23	76.56	.121	306.23	9.28
CROSSOVERS/ALL OTH OUTPTNT	1	1	19.75	19.75	.030	19.75	.60

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,607
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	48	\$ 1,278.91	\$ 26.64	1.455	\$ 116.26	\$ 38.75
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	48	1,278.91	26.64	1.455	116.26	38.75
MEDICAL	3	6	261.09	43.52	.182	87.03	7.91
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	20	206.58	10.33	.606	25.82	6.26
RADIOLOGY	4	8	569.42	71.18	.242	142.36	17.26
ROOM USE	3	5	186.29	37.26	.152	62.10	5.65
CROSSOVERS/ALL OTH OUTPTNT	1	9	55.53	6.17	.273	55.53	1.68
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	24	831	\$ 109,230.60	\$ 131.44	25.182	\$ 4551.28	\$ 3310.02
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	6	400	49,298.83	123.25	12.121	8216.47	1493.90
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	18	431	59,931.77	139.05	13.061	3329.54	1816.11
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	27	\$	236.65	\$ 8.76	.818	\$ 33.81	\$ 7.17
PATHOLOGY	7	27		236.65	8.76	.818	33.81	7.17
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	5	\$	630.16	\$ 126.03	.152	\$ 157.54	\$ 19.10
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	5		630.16	126.03	.152	157.54	19.10

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,608
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

	33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8		120	\$ 3,474.52	\$ 28.95	3.636	\$ 434.32	\$ 105.29
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5		103	1,055.51	10.25	3.121	211.10	31.99
AMBULANCES/AIR TRANS	5		103	1,055.51	10.25	3.121	211.10	31.99
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1		2	60.26	30.13	.061	60.26	1.83
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2		15	2,358.75	157.25	.455	1179.38	71.48
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1		0	\$ 328.50	\$.00	.000	\$ 328.50	\$ 9.95

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,609
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,610
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,611
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,612
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00
BLOOD BANK	0	0		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00
OTHER TRANS	0	0		.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00
OPTICIAN	0	0		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00
PROSTHETICS	0	0		.00	.000	.00	.00
ORTHOTICS	0	0		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MARIN COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

99 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	169	1,978	\$ 197,746.09	\$ 99.97	19.980	\$ 1170.10	\$ 1997.44
@PHYSICIANS SERVICES	55	117	\$ 9,346.52	\$ 79.88	1.182	\$ 169.94	\$ 94.41
OUTPATIENT VISITS	13	15	1,026.45	68.43	.152	78.96	10.37
OFFICE VISITS	3	3	118.40	39.47	.030	39.47	1.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	8	531.26	66.41	.081	88.54	5.37
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	4	376.79	94.20	.040	94.20	3.81
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	10	320.50	32.05	.101	45.79	3.24
HOSPITAL VISITS	2	4	186.60	46.65	.040	93.30	1.88
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	5	6	133.90	22.32	.061	26.78	1.35
OPHTHALMOLOGICAL SERVICES	1	2	84.78	42.39	.020	84.78	.86
EXAMINATIONS	1	2	84.78	42.39	.020	84.78	.86
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	17	3,710.11	218.24	.172	530.02	37.48
PRINCIPAL SURGEON	6	7	3,292.96	470.42	.071	548.83	33.26
ASSISTANT SURGEON	1	1	186.50	186.50	.010	186.50	1.88
ANESTHESIOLOGIST	1	9	230.65	25.63	.091	230.65	2.33
OUTPATIENT SURGERY	13	21	2,244.92	106.90	.212	172.69	22.68
PRINCIPAL SURGEON	12	14	2,074.44	148.17	.141	172.87	20.95
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	170.48	24.35	.071	85.24	1.72
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	31.93	5.32	.061	10.64	.32
RADIOLOGY	23	30	1,275.04	42.50	.303	55.44	12.88
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	5	35.53	7.11	.051	17.77	.36
OTHER SERVICES/ALL X-OVERS	8	11	617.26	56.11	.111	77.16	6.23
@PHARMACY	62	267	\$ 22,527.66	\$ 84.37	2.697	\$ 363.35	\$ 227.55
PRESCRIPTION DRUGS	62	265	22,316.64	84.21	2.677	359.95	225.42
SNF/ICF	28	181	19,726.94	108.99	1.828	704.53	199.26
OUTPATIENTS	34	84	2,589.70	30.83	.848	76.17	26.16
MEDICAL SUPPLIES	1	2	211.02	105.51	.020	211.02	2.13
@DENTIST	9	26	\$ 660.00	\$ 25.38	.263	\$ 73.33	\$ 6.67
VISITS - DIAGNOSTIC	7	21	404.00	19.24	.212	57.71	4.08
ORAL SURGERY	2	2	130.00	65.00	.020	65.00	1.31
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	2	96.00	48.00	.020	48.00	.97
PROSTHETICS	1	1	30.00	30.00	.010	30.00	.30
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

MARIN COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

99 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	2	8	\$ 172.59	\$ 21.57	.081	\$ 86.30	\$ 1.74
DIAGNOSTIC AND ANC. PROCED	2	2	86.89	43.45	.020	43.45	.88
EYE APPLIANCES	1	6	85.70	14.28	.061	85.70	.87
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	3	\$ 105.20	\$ 35.07	.030	\$ 52.60	\$ 1.06
MEDICINE/INJECTIONS	2	3	105.20	35.07	.030	52.60	1.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.020	\$ 104.99	\$ 1.06
NURSE ANESTHESIST	0	0	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	44	243	\$ 42,366.24	\$ 174.35	2.455	\$ 962.87	\$ 427.94
HOSP INPATIENT TOTAL	8	18	35,421.05	1967.84	.182	4427.63	357.79
HSC HOSPITALS	8	18	35,421.05	1967.84	.182	4427.63	357.79
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	41	225		6,945.19	30.87	2.273	169.39	70.15
MEDICAL	9	16		663.89	41.49	.162	73.77	6.71
SURGERY	4	6		304.36	50.73	.061	76.09	3.07
PATHOLOGY	21	88		941.47	10.70	.889	44.83	9.51
RADIOLOGY	14	23		1,796.55	78.11	.232	128.33	18.15
ROOM USE	18	36		1,824.24	50.67	.364	101.35	18.43
CROSSOVERS/ALL OTH OUTPTNT	19	56		1,414.68	25.26	.566	74.46	14.29
@COUNTY HOSPITAL TOTAL	6	44	\$	1,565.98	\$ 35.59	.444	\$ 261.00	\$ 15.82
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	44		1,565.98	35.59	.444	261.00	15.82
MEDICAL	1	1		128.57	128.57	.010	128.57	1.30
SURGERY	3	5		203.95	40.79	.051	67.98	2.06
PATHOLOGY	2	10		197.45	19.75	.101	98.73	1.99
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	5	14		898.63	64.19	.141	179.73	9.08
CROSSOVERS/ALL OTH OUTPTNT	4	14		137.38	9.81	.141	34.35	1.39

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,615
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

	99 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	39	199	\$	40,800.26	\$ 205.03	2.010	\$ 1046.16	\$ 412.12
COMM HOSP INPATIENT TOTAL	8	18		35,421.05	1967.84	.182	4427.63	357.79
HSC HOSPITALS	8	18		35,421.05	1967.84	.182	4427.63	357.79
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	36	181		5,379.21	29.72	1.828	149.42	54.34
MEDICAL	8	15		535.32	35.69	.152	66.92	5.41
SURGERY	1	1		100.41	100.41	.010	100.41	1.01
PATHOLOGY	20	78		744.02	9.54	.788	37.20	7.52
RADIOLOGY	14	23		1,796.55	78.11	.232	128.33	18.15
ROOM USE	14	22		925.61	42.07	.222	66.12	9.35
CROSSOVERS/ALL OTH OUTPTNT	15	42		1,277.30	30.41	.424	85.15	12.90
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	24	831	\$	109,230.60	\$ 131.44	8.394	\$ 4551.28	\$ 1103.34
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	6	400		49,298.83	123.25	4.040	8216.47	497.97
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	18	431		59,931.77	139.05	4.354	3329.54	605.37	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	\$.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	30	91	\$	1,117.36	\$ 12.28	.919	\$ 37.25	\$ 11.29	
PATHOLOGY	30	91		1,117.36	12.28	.919	37.25	11.29	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	45	266	\$	8,399.32	\$ 31.58	2.687	\$ 186.65	\$ 84.84	
CLINIC	34	239		5,093.10	21.31	2.414	149.80	51.45	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	13	27		3,306.22	122.45	.273	254.32	33.40	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 6,616
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL								

99 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11	124	\$ 3,715.61	\$ 29.96	1.253	\$ 337.78	\$ 37.53
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	105	1,183.59	11.27	1.061	197.27	11.96
AMBULANCES/AIR TRANS	6	105	1,183.59	11.27	1.061	197.27	11.96
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.010	105.00	1.06
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	60.26	30.13	.020	60.26	.61
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	15	2,358.75	157.25	.152	1179.38	23.83
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.010	8.01	.08
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 1 0 \$ 328.50 \$.00 .000 \$ 328.50 \$ 3.32
 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,617
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MARIN COUNTY SUMMARY OF SERVICES FOR ALL AGED

	21,905 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		16,479	467,584	\$ 19,179,841.27	\$ 41.02	21.346	\$ 1163.90	\$ 875.59
@PHYSICIANS SERVICES		2,637	7,665	\$ 174,860.09	\$ 22.81	.350	\$ 66.31	\$ 7.98
OUTPATIENT VISITS		297	396	19,572.13	49.42	.018	65.90	.89
OFFICE VISITS		198	255	9,656.15	37.87	.012	48.77	.44
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		102	130	9,539.02	73.38	.006	93.52	.44
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT		11	11	376.96	34.27	.001	34.27	.02
INPATIENT VISITS		69	223	9,708.41	43.54	.010	140.70	.44
HOSPITAL VISITS		58	200	8,434.11	42.17	.009	145.42	.39
CRITICAL CARE		4	6	729.60	121.60	.000	182.40	.03
SNF/ICF/TRANS IP CARE		11	17	544.70	32.04	.001	49.52	.02
OPHTHALMOLOGICAL SERVICES		48	55	2,336.96	42.49	.003	48.69	.11
EXAMINATIONS		48	55	2,336.96	42.49	.003	48.69	.11
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		23	101	9,373.47	92.81	.005	407.54	.43
PRINCIPAL SURGEON		17	19	7,488.02	394.11	.001	440.47	.34
ASSISTANT SURGEON		1	1	134.77	134.77	.000	134.77	.01
ANESTHESIOLOGIST		9	81	1,750.68	21.61	.004	194.52	.08
OUTPATIENT SURGERY		54	107	12,288.74	114.85	.005	227.57	.56
PRINCIPAL SURGEON		45	50	10,707.02	214.14	.002	237.93	.49
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		10	57	1,581.72	27.75	.003	158.17	.07
DIALYSIS		6	11	2,163.64	196.69	.001	360.61	.10
PATHOLOGY		33	93	1,057.01	11.37	.004	32.03	.05
RADIOLOGY		211	405	16,181.52	39.95	.018	76.69	.74
PSYCHIATRY		0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION		10	15	3,095.04	206.34	.001	309.50	.14
OTHER SERVICES/ALL X-OVERS		2,217	6,259	99,083.17	15.83	.286	44.69	4.52
@PHARMACY		12,941	199,436	\$ 3,917,031.94	\$ 19.64	9.105	\$ 302.68	\$ 178.82
PRESCRIPTION DRUGS		12,700	51,652	3,812,737.90	73.82	2.358	300.22	174.06
SNF/ICF		2,735	16,955	963,484.38	56.83	.774	352.28	43.98
OUTPATIENTS		10,099	34,697	2,849,253.52	82.12	1.584	282.13	130.07
MEDICAL SUPPLIES		1,006	147,784	104,294.04	.71	6.747	103.67	4.76
@DENTIST		1,164	3,305	\$ 136,992.26	\$ 41.45	.151	\$ 117.69	\$ 6.25
VISITS - DIAGNOSTIC		836	2,167	35,062.78	16.18	.099	41.94	1.60
ORAL SURGERY		106	297	12,877.68	43.36	.014	121.49	.59
DRUGS		1	1	.00	.00	.000	.00	.00
ANESTHESIA		0	0	.00	.00	.000	.00	.00
PERIODONTICS		43	47	3,836.36	81.62	.002	89.22	.18
ENDODONTICS		29	31	6,998.13	225.75	.001	241.31	.32
RESTORATIVE DENTISTRY		198	354	21,353.56	60.32	.016	107.85	.97
PROSTHETICS		12	12	280.00	23.33	.001	23.33	.01
DENTURES, STAYPLATES		173	393	56,583.75	143.98	.018	327.07	2.58
SPACE MAINTAINERS		0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	20	3	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,618
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR ALL AGED

21,905 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	139	381	\$ 8,190.41	\$ 21.50	.017	\$ 58.92	\$.37
DIAGNOSTIC AND ANC. PROCED	37	39	1,532.92	39.31	.002	41.43	.07
EYE APPLIANCES	107	332	5,827.50	17.55	.015	54.46	.27
OTHER OPTOMETRIC SERVICES	16	10	829.99	83.00	.000	51.87	.04
@CHIROPRACTOR	2	3	\$ 32.70	\$ 10.90	.000	\$ 16.35	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	3	32.70	10.90	.000	16.35	.00
@PODIATRIST	391	518	\$ 3,507.77	\$ 6.77	.024	\$ 8.97	\$.16
MEDICINE/INJECTIONS	12	12	419.10	34.93	.001	34.93	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	379	506	3,088.67	6.10	.023	8.15	.14
@HOME HEALTH AGENCY	26	165	\$ 11,432.26	\$ 69.29	.008	\$ 439.70	\$.52
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	4	12	\$ 97.19	\$ 8.10	.001	\$ 24.30	\$.00
@TOTAL HOSPITAL	1,472	7,501	\$ 1,099,769.26	\$ 146.62	.342	\$ 747.13	\$ 50.21
HOSP INPATIENT TOTAL	223	554	876,918.72	1582.89	.025	3932.37	40.03
HSC HOSPITALS	103	511	693,180.23	1356.52	.023	6729.91	31.64
NON-HSC HOSPITAL TOTAL	13	43	69,478.53	1615.78	.002	5344.50	3.17
ACCOMMODATIONS	13	43	19,261.35	447.94	.002	1481.64	.88
ADMINISTRATIVE DAYS	1	4	751.17	187.79	.000	751.17	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	39	18,510.18	474.62	.002	1423.86	.85
ANCILLARIES	13	0	50,217.18	.00	.000	3862.86	2.29
INPATIENT CROSSOVERS	112	0	114,259.96	.00	.000	1020.18	5.22
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,302	6,947	222,850.54	32.08	.317	171.16	10.17
MEDICAL	156	232	10,167.08	43.82	.011	65.17	.46
SURGERY	34	39	1,544.14	39.59	.002	45.42	.07
PATHOLOGY	172	779	9,967.22	12.79	.036	57.95	.46
RADIOLOGY	189	419	56,665.67	135.24	.019	299.82	2.59
ROOM USE	160	214	8,234.94	38.48	.010	51.47	.38
CROSSOVERS/ALL OTH OUTPTNT	1,017	5,264	136,271.49	25.89	.240	133.99	6.22
@COUNTY HOSPITAL TOTAL	1	5	\$ 201.98	\$ 40.40	.000	\$ 201.98	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	1	5	201.98	40.40	.000	201.98	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	5	201.98	40.40	.000	201.98	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,619

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR ALL AGED

	21,905 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,471	7,496	\$	1,099,567.28	\$ 146.69	.342	\$ 747.50	\$ 50.20
COMM HOSP INPATIENT TOTAL	223	554		876,918.72	1582.89	.025	3932.37	40.03
HSC HOSPITALS	103	511		693,180.23	1356.52	.023	6729.91	31.64
NON-HSC HOSPITALS TOTAL	13	43		69,478.53	1615.78	.002	5344.50	3.17
ACCOMMODATIONS	13	43		19,261.35	447.94	.002	1481.64	.88
ADMINISTRATIVE DAYS	1	4		751.17	187.79	.000	751.17	.03
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	39		18,510.18	474.62	.002	1423.86	.85
ANCILLARIES	13	0		50,217.18	.00	.000	3862.86	2.29
INPATIENT CROSSOVERS	112	0		114,259.96	.00	.000	1020.18	5.22
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,301	6,942		222,648.56	32.07	.317	171.14	10.16
MEDICAL	156	232		10,167.08	43.82	.011	65.17	.46
SURGERY	34	39		1,544.14	39.59	.002	45.42	.07
PATHOLOGY	172	779		9,967.22	12.79	.036	57.95	.46
RADIOLOGY	189	419		56,665.67	135.24	.019	299.82	2.59
ROOM USE	160	214		8,234.94	38.48	.010	51.47	.38
CROSSOVERS/ALL OTH OUTPTNT	1,016	5,259		136,069.51	25.87	.240	133.93	6.21
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3,613	110,507	\$ 12,589,190.13	\$ 113.92	5.045	\$ 3484.41	\$ 574.72
LEV A-INTERMEDIATE	11	416	27,466.64	66.03	.019	2496.97	1.25
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	366	202,335.57	552.83	.017	16861.30	9.24
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3,595	109,725	12,359,387.92	112.64	5.009	3437.94	564.23
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	93	714	\$ 81,113.54	\$ 113.60	.033	\$ 872.19	\$ 3.70
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	93	714	81,113.54	113.60	.033	872.19	3.70
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	354	2,812	\$ 20,874.54	\$ 7.42	.128	\$ 58.97	\$.95
PATHOLOGY	282	2,629	17,305.01	6.58	.120	61.37	.79
XO AND OTHERS	76	183	3,569.53	19.51	.008	46.97	.16
@ORGANIZED OUTPATIENT CLINIC	1,405	1,921	\$ 118,248.74	\$ 61.56	.088	\$ 84.16	\$ 5.40
CLINIC	36	90	1,985.43	22.06	.004	55.15	.09
SURGICENTER	33	35	5,671.13	162.03	.002	171.85	.26
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,356	1,796	110,592.18	61.58	.082	81.56	5.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,620
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR ALL AGED

					----- MONTHLY AVERAGE -----			
21,905 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,258	132,644	\$ 1,018,500.44	\$ 7.68	6.055	\$ 451.06	\$ 46.50	
DURABLE MED. EQUIP.	76	551	35,090.18	63.68	.025	461.71	1.60	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	79	107	13,495.16	126.12	.005	170.82	.62	
MEDICAL TRANSPORTATION	106	898	9,468.48	10.54	.041	89.33	.43	
AMBULANCES/AIR TRANS	55	472	6,867.92	14.55	.022	124.87	.31	
OTHER TRANS	26	215	1,463.02	6.80	.010	56.27	.07	
OTHER SERVICES	27	211	1,137.54	5.39	.010	42.13	.05	
ACUPUNCTURE	41	153	2,692.47	17.60	.007	65.67	.12	
ADULT DAY HEALTH CARE CTR	336	5,305	363,604.26	68.54	.242	1082.16	16.60	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	663	3,421	210,406.33	61.50	.156	317.35	9.61	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	285	1,022	13,288.10	13.00	.047	46.62	.61	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	58	86	286.65	3.33	.004	4.94	.01	
PROSTHETIST/ORTHOTISTS	6	8	434.52	54.32	.000	72.42	.02	
PROSTHETICS	6	8	434.52	54.32	.000	72.42	.02	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	4	14	205.82	14.70	.001	51.46	.01	
SPEECH AND AUDIOLOGY	62	113	12,901.99	114.18	.005	208.10	.59	
HOSPICE SERVICES	96	3,058	317,533.70	103.84	.140	3307.64	14.50	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	731	117,908	39,092.78	.33	5.383	53.48	1.78
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3,822	32,105	\$ 678,399.24	\$ 21.13	1.466	\$ 177.50	\$ 30.97

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,621
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR ALL BLIND	

990 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	762	39,586	\$ 777,876.20	\$ 19.65	39.986	\$ 1020.83	\$ 785.73
@PHYSICIANS SERVICES	144	417	\$ 8,214.10	\$ 19.70	.421	\$ 57.04	\$ 8.30
OUTPATIENT VISITS	39	46	1,677.41	36.47	.046	43.01	1.69
OFFICE VISITS	28	31	915.67	29.54	.031	32.70	.92
HOME VISITS	4	5	161.50	32.30	.005	40.38	.16
EMERGENCY ROOM	10	10	600.24	60.02	.010	60.02	.61
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	8	37	2,010.79	54.35	.037	251.35	2.03
HOSPITAL VISITS	4	27	1,699.03	62.93	.027	424.76	1.72
CRITICAL CARE	1	1	64.26	64.26	.001	64.26	.06
SNF/ICF/TRANS IP CARE	3	9	247.50	27.50	.009	82.50	.25
OPHTHALMOLOGICAL SERVICES	6	9	347.59	38.62	.009	57.93	.35
EXAMINATIONS	6	9	347.59	38.62	.009	57.93	.35
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	59.20	59.20	.001	59.20	.06
PRINCIPAL SURGEON	1	1	59.20	59.20	.001	59.20	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	11	423.99	38.54	.011	84.80	.43
PRINCIPAL SURGEON	3	4	135.93	33.98	.004	45.31	.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	7	288.06	41.15	.007	96.02	.29
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	49	234.12	4.78	.049	26.01	.24
RADIOLOGY	11	18	668.33	37.13	.018	60.76	.68
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	5	27.25	5.45	.005	9.08	.03
OTHER SERVICES/ALL X-OVERS	86	241	2,765.42	11.47	.243	32.16	2.79
@PHARMACY	609	17,633	\$ 221,691.99	\$ 12.57	17.811	\$ 364.03	\$ 223.93
PRESCRIPTION DRUGS	584	2,229	207,411.19	93.05	2.252	355.16	209.51
SNF/ICF	39	310	18,134.04	58.50	.313	464.98	18.32
OUTPATIENTS	547	1,919	189,277.15	98.63	1.938	346.03	191.19
MEDICAL SUPPLIES	119	15,404	14,280.80	.93	15.560	120.01	14.43
@DENTIST	42	165	\$ 7,506.75	\$ 45.50	.167	\$ 178.73	\$ 7.58
VISITS - DIAGNOSTIC	27	101	1,512.75	14.98	.102	56.03	1.53
ORAL SURGERY	6	34	1,430.00	42.06	.034	238.33	1.44
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.10

PERIODONTICS	4	4	718.00	179.50	.004	179.50	.73
ENDODONTICS	2	2	475.00	237.50	.002	237.50	.48
RESTORATIVE DENTISTRY	10	17	1,191.00	70.06	.017	119.10	1.20
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	6	2,080.00	346.67	.006	693.33	2.10
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,622
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR ALL BLIND

990 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	16	\$ 577.24	\$ 36.08	.016	\$ 144.31	\$.58
DIAGNOSTIC AND ANC. PROCED	3	3	162.00	54.00	.003	54.00	.16
EYE APPLIANCES	3	13	415.24	31.94	.013	138.41	.42
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	14	\$ 43.58	\$ 3.11	.014	\$ 3.96	\$.04
MEDICINE/INJECTIONS	1	1	24.00	24.00	.001	24.00	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	10	13	19.58	1.51	.013	1.96	.02
@HOME HEALTH AGENCY	7	1,768	\$ 52,633.12	\$ 29.77	1.786	\$ 7519.02	\$ 53.16
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	77	267	\$ 29,315.84	\$ 109.80	.270	\$ 380.73	\$ 29.61
HOSP INPATIENT TOTAL	8	8	23,202.71	2900.34	.008	2900.34	23.44
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	8	18,054.71	2256.84	.008	9027.36	18.24
ACCOMMODATIONS	2	8	5,370.00	671.25	.008	2685.00	5.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	5,370.00	671.25	.008	2685.00	5.42
ANCILLARIES	2	0	12,684.71	.00	.000	6342.36	12.81
INPATIENT CROSSOVERS	6	0	5,148.00	.00	.000	858.00	5.20
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	71	259	6,113.13	23.60	.262	86.10	6.17
MEDICAL	12	14	653.17	46.66	.014	54.43	.66
SURGERY	2	2	50.20	25.10	.002	25.10	.05
PATHOLOGY	16	61	908.77	14.90	.062	56.80	.92
RADIOLOGY	5	5	372.23	74.45	.005	74.45	.38
ROOM USE	19	25	1,124.72	44.99	.025	59.20	1.14
CROSSOVERS/ALL OTH OUTPTNT	48	152	3,004.04	19.76	.154	62.58	3.03
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,623
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR ALL BLIND

990 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	77	267	\$ 29,315.84	\$ 109.80	.270	\$ 380.73	\$ 29.61
COMM HOSP INPATIENT TOTAL	8	8	23,202.71	2900.34	.008	2900.34	23.44
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	8	18,054.71	2256.84	.008	9027.36	18.24
ACCOMMODATIONS	2	8	5,370.00	671.25	.008	2685.00	5.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	5,370.00	671.25	.008	2685.00	5.42
ANCILLARIES	2	0	12,684.71	.00	.000	6342.36	12.81
INPATIENT CROSSOVERS	6	0	5,148.00	.00	.000	858.00	5.20
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	71	259	6,113.13	23.60	.262	86.10	6.17
MEDICAL	12	14	653.17	46.66	.014	54.43	.66
SURGERY	2	2	50.20	25.10	.002	25.10	.05
PATHOLOGY	16	61	908.77	14.90	.062	56.80	.92
RADIOLOGY	5	5	372.23	74.45	.005	74.45	.38
ROOM USE	19	25	1,124.72	44.99	.025	59.20	1.14
CROSSOVERS/ALL OTH OUTPTNT	48	152	3,004.04	19.76	.154	62.58	3.03
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	31	742	\$ 104,570.70	\$ 140.93	.749	\$ 3373.25	\$ 105.63
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	31	742	104,570.70	140.93	.749	3373.25	105.63
@INTERMEDIATE CARE FACIL.-DD	33	979	\$ 153,080.58	\$ 156.36	.989	\$ 4638.81	\$ 154.63
ICF DDH	33	979	153,080.58	156.36	.989	4638.81	154.63
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	10	14	\$ 7,342.64	\$ 524.47	.014	\$ 734.26	\$ 7.42
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	14	7,342.64	524.47	.014	734.26	7.42
@REHABILITATION FACILITY	17	147	\$ 2,172.77	\$ 14.78	.148	\$ 127.81	\$ 2.19
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	17	147		2,172.77	14.78	.148	127.81	2.19
@LABORATORY FACILITY	15	42	\$	621.94	\$ 14.81	.042	\$ 41.46	\$.63
PATHOLOGY	15	42		621.94	14.81	.042	41.46	.63
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	37	53	\$	2,855.83	\$ 53.88	.054	\$ 77.18	\$ 2.88
CLINIC	8	18		343.95	19.11	.018	42.99	.35
SURGICENTER	2	2		349.84	174.92	.002	174.92	.35
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	27	33		2,162.04	65.52	.033	80.08	2.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,624
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR ALL BLIND							

990 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	210			17,329	\$	187,249.12	\$ 10.81	17.504	\$ 891.66	\$ 189.14
DURABLE MED. EQUIP.	32			130		17,023.86	130.95	.131	532.00	17.20
BLOOD BANK	0			0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	13			18		2,877.84	159.88	.018	221.37	2.91
MEDICAL TRANSPORTATION	10			159		1,446.98	9.10	.161	144.70	1.46
AMBULANCES/AIR TRANS	6			122		1,147.18	9.40	.123	191.20	1.16
OTHER TRANS	1			3		33.11	11.04	.003	33.11	.03
OTHER SERVICES	3			34		266.69	7.84	.034	88.90	.27
ACUPUNCTURE	0			0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	15			337		21,038.05	62.43	.340	1402.54	21.25
GENETIC DISEASE TESTING	0			0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	40			2,072		65,138.68	31.44	2.093	1628.47	65.80
OCCUPATIONAL THERAPIST	0			0		.00	.00	.000	.00	.00
OPTICIAN	8			28		1,502.28	53.65	.028	187.79	1.52
PHYSICAL THERAPIST	0			0		.00	.00	.000	.00	.00
PORTABLE X-RAY	3			5		61.57	12.31	.005	20.52	.06
PROSTHETIST/ORTHOTISTS	0			0		.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	3	62.76	20.92	.003	62.76	.06
SPEECH AND AUDIOLOGY	27	112	4,266.76	38.10	.113	158.03	4.31
HOSPICE SERVICES	3	92	16,730.48	181.85	.093	5576.83	16.90
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	45	3,806	52,961.27	13.92	3.844	1176.92	53.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	51	10,567	4,138.59	.39	10.674	81.15	4.18
@CALIF. CHILDREN SERVICES*	50	419	\$ 60,237.67	\$ 143.77	.423	\$ 1204.75	\$ 60.85
@XOVER EXCLUDING STATE HOSP**	150	558	\$ 24,599.35	\$ 44.08	.564	\$ 164.00	\$ 24.85

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,625

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

42,269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	33,661	1,028,065	\$ 34,547,490.37	\$ 33.60	24.322	\$ 1026.34	\$ 817.32
@PHYSICIANS SERVICES	8,319	25,943	\$ 1,013,088.45	\$ 39.05	.614	\$ 121.78	\$ 23.97
OUTPATIENT VISITS	3,525	5,162	219,882.27	42.60	.122	62.38	5.20
OFFICE VISITS	2,103	2,962	92,156.58	31.11	.070	43.82	2.18
HOME VISITS	61	67	2,529.80	37.76	.002	41.47	.06
EMERGENCY ROOM	1,493	1,931	119,700.11	61.99	.046	80.17	2.83
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	120.00	120.00	.000	120.00	.00
OTHER OUTPATIENT	157	201	5,375.78	26.75	.005	34.24	.13
INPATIENT VISITS	920	3,622	177,019.99	48.87	.086	192.41	4.19
HOSPITAL VISITS	673	2,948	130,913.65	44.41	.070	194.52	3.10
CRITICAL CARE	83	292	33,617.62	115.13	.007	405.03	.80
SNF/ICF/TRANS IP CARE	245	382	12,488.72	32.69	.009	50.97	.30
OPHTHALMOLOGICAL SERVICES	193	224	9,297.19	41.51	.005	48.17	.22
EXAMINATIONS	193	224	9,297.19	41.51	.005	48.17	.22
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	225	1,375	118,457.18	86.15	.033	526.48	2.80
PRINCIPAL SURGEON	163	294	91,603.54	311.58	.007	561.98	2.17
ASSISTANT SURGEON	21	21	3,634.54	173.07	.000	173.07	.09
ANESTHESIOLOGIST	78	1,060	23,219.10	21.90	.025	297.68	.55
OUTPATIENT SURGERY	586	1,613	97,548.31	60.48	.038	166.46	2.31
PRINCIPAL SURGEON	439	634	73,258.95	115.55	.015	166.88	1.73
ASSISTANT SURGEON	2	2	339.67	169.84	.000	169.84	.01
ANESTHESIOLOGIST	166	977	23,949.69	24.51	.023	144.28	.57
DIALYSIS	63	180	22,776.26	126.53	.004	361.53	.54
PATHOLOGY	330	1,251	9,713.22	7.76	.030	29.43	.23
RADIOLOGY	1,643	3,252	144,155.39	44.33	.077	87.74	3.41
PSYCHIATRY	2	2	65.96	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	93	463	30,081.66	64.97	.011	323.46	.71
OTHER SERVICES/ALL X-OVERS	3,749	8,799	184,091.02	20.92	.208	49.10	4.36
@PHARMACY	27,457	520,582	\$ 18,719,227.46	\$ 35.96	12.316	\$ 681.77	\$ 442.86
PRESCRIPTION DRUGS	27,033	124,268	15,493,039.77	124.67	2.940	573.12	366.53
SNF/ICF	2,305	17,109	2,244,581.74	131.19	.405	973.79	53.10
OUTPATIENTS	25,114	107,159	13,248,458.03	123.63	2.535	527.53	313.43

MEDICAL SUPPLIES	2,149	396,314		3,226,187.69	8.14	9.376	1501.25	76.33
@DENTIST	2,835	9,350	\$	343,658.42	\$ 36.75	.221	\$ 121.22	\$ 8.13
VISITS - DIAGNOSTIC	1,986	5,888		91,010.09	15.46	.139	45.83	2.15
ORAL SURGERY	335	879		42,337.21	48.17	.021	126.38	1.00
DRUGS	13	13		75.00	5.77	.000	5.77	.00
ANESTHESIA	7	8		875.00	109.38	.000	125.00	.02
PERIODONTICS	230	259		29,536.48	114.04	.006	128.42	.70
ENDODONTICS	118	163		28,482.50	174.74	.004	241.38	.67
RESTORATIVE DENTISTRY	757	1,569		86,083.06	54.86	.037	113.72	2.04
PROSTHETICS	37	39		1,082.50	27.76	.001	29.26	.03
DENTURES, STAYPLATES	194	455		64,020.33	140.70	.011	330.00	1.51
SPACE MAINTAINERS	1	2		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2		50.00	25.00	.000	25.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		35.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	67	72		71.25	.99	.002	1.06	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,626	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
MARIN COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED							

	42,269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	340	853	\$	21,983.50	\$ 25.77	.020	\$ 64.66	\$.52
DIAGNOSTIC AND ANC. PROCED	204	219		9,164.13	41.85	.005	44.92	.22
EYE APPLIANCES	197	605		11,604.88	19.18	.014	58.91	.27
OTHER OPTOMETRIC SERVICES	27	29		1,214.49	41.88	.001	44.98	.03
@CHIROPRACITOR	17	44	\$	668.94	\$ 15.20	.001	\$ 39.35	\$.02
VISITS	13	39		597.74	15.33	.001	45.98	.01
OTHER SERVICES	4	5		71.20	14.24	.000	17.80	.00
@PODIATRIST	417	545	\$	9,864.09	\$ 18.10	.013	\$ 23.65	\$.23
MEDICINE/INJECTIONS	219	245		6,649.80	27.14	.006	30.36	.16
SURGERY/ANES.	10	11		432.67	39.33	.000	43.27	.01
RADIO./PATHOLOGY	4	5		86.50	17.30	.000	21.63	.00
OTHER	196	284		2,695.12	9.49	.007	13.75	.06
@HOME HEALTH AGENCY	161	5,347	\$	140,273.21	\$ 26.23	.126	\$ 871.26	\$ 3.32
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	2	2	\$	80.00	\$ 40.00	.000	\$ 40.00	\$.00
FAMILY NURSE PRACTITIONER	13	32	\$	412.14	\$ 12.88	.001	\$ 31.70	\$.01
@TOTAL HOSPITAL	5,617	29,787	\$	5,244,020.52	\$ 176.05	.705	\$ 933.60	\$ 124.06
HOSP INPATIENT TOTAL	634	2,716		4,187,893.94	1541.93	.064	6605.51	99.08
HSC HOSPITALS	373	2,289		3,546,313.10	1549.28	.054	9507.54	83.90
NON-HSC HOSPITAL TOTAL	96	427		423,319.66	991.38	.010	4409.58	10.01
ACCOMMODATIONS	94	427		160,533.85	375.96	.010	1707.81	3.80
ADMINISTRATIVE DAYS	8	12		2,428.65	202.39	.000	303.58	.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	87	415		158,105.20	380.98	.010	1817.30	3.74
ANCILLARIES	94	0		262,785.81	.00	.000	2795.59	6.22
INPATIENT CROSSOVERS	204	0		218,261.18	.00	.000	1069.91	5.16
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,206	27,071		1,056,126.58	39.01	.640	202.87	24.99
MEDICAL	1,299	2,176		91,068.28	41.85	.051	70.11	2.15
SURGERY	364	508		24,077.46	47.40	.012	66.15	.57
PATHOLOGY	1,442	7,640		97,889.69	12.81	.181	67.88	2.32
RADIOLOGY	1,336	2,464		263,691.30	107.02	.058	197.37	6.24
ROOM USE	2,073	2,942		117,962.32	40.10	.070	56.90	2.79

CROSSOVERS/ALL OTH OUTPTNT	2,808	11,341		461,437.53	40.69	.268	164.33	10.92
@COUNTY HOSPITAL TOTAL	118	583	\$	111,738.99	\$ 191.66	.014	\$ 946.94	\$ 2.64
CO HOSPITAL INPATIENT TOTAL	15	96		100,051.39	1042.20	.002	6670.09	2.37
HSC HOSPITALS	14	87		96,416.50	1108.24	.002	6886.89	2.28
NON-HSC HOSPITALS TOTAL	3	9		3,634.89	403.88	.000	1211.63	.09
ACCOMMODATIONS	3	9		2,081.70	231.30	.000	693.90	.05
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9		2,081.70	231.30	.000	693.90	.05
ANCILLARIES	2	0		1,553.19	.00	.000	776.60	.04
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	111	487		11,687.60	24.00	.012	105.29	.28
MEDICAL	49	61		1,974.56	32.37	.001	40.30	.05
SURGERY	8	10		325.18	32.52	.000	40.65	.01
PATHOLOGY	35	201		2,718.63	13.53	.005	77.68	.06
RADIOLOGY	21	41		2,189.81	53.41	.001	104.28	.05
ROOM USE	65	81		3,164.97	39.07	.002	48.69	.07
CROSSOVERS/ALL OTH OUTPTNT	36	93		1,314.45	14.13	.002	36.51	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,627
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	42,269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,528	29,204	\$	5,132,281.53	\$ 175.74	.691	\$ 928.42	\$ 121.42
COMM HOSP INPATIENT TOTAL	623	2,620		4,087,842.55	1560.25	.062	6561.55	96.71
HSC HOSPITALS	362	2,202		3,449,896.60	1566.71	.052	9530.10	81.62
NON-HSC HOSPITALS TOTAL	93	418		419,684.77	1004.03	.010	4512.74	9.93
ACCOMMODATIONS	91	418		158,452.15	379.07	.010	1741.23	3.75
ADMINISTRATIVE DAYS	8	12		2,428.65	202.39	.000	303.58	.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	84	406		156,023.50	384.29	.010	1857.42	3.69
ANCILLARIES	92	0		261,232.62	.00	.000	2839.49	6.18
INPATIENT CROSSOVERS	204	0		218,261.18	.00	.000	1069.91	5.16
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,120	26,584		1,044,438.98	39.29	.629	203.99	24.71
MEDICAL	1,254	2,115		89,093.72	42.12	.050	71.05	2.11
SURGERY	356	498		23,752.28	47.70	.012	66.72	.56
PATHOLOGY	1,411	7,439		95,171.06	12.79	.176	67.45	2.25
RADIOLOGY	1,317	2,423		261,501.49	107.92	.057	198.56	6.19
ROOM USE	2,019	2,861		114,797.35	40.12	.068	56.86	2.72
CROSSOVERS/ALL OTH OUTPTNT	2,778	11,248		460,123.08	40.91	.266	165.63	10.89
@STATE HOSPITAL	6	158	\$	110,643.13	\$ 700.27	.004	\$ 18440.52	\$ 2.62
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	6	158		110,643.13	700.27	.004	18440.52	2.62
@NURSING FACILITY	820	24,537	\$	3,336,354.27	\$ 135.97	.580	\$ 4068.72	\$ 78.93
LEV A-INTERMEDIATE	9	366		23,126.16	63.19	.009	2569.57	.55
LEV B-REHAB MD	129	4,263		570,278.64	133.77	.101	4420.76	13.49
LEV B-SUBACUTE FREESTANDING	3	49		30,080.61	613.89	.001	10026.87	.71
LEV B-SUBACUTE HSPTL BASED	12	352		142,000.32	403.41	.008	11833.36	3.36
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	668	19,507		2,570,868.54	131.79	.461	3848.61	60.82
@INTERMEDIATE CARE FACIL.-DD	616	20,420	\$	3,190,805.76	\$ 156.26	.483	\$ 5179.88	\$ 75.49
ICF DDH	614	20,302		3,167,681.33	156.03	.480	5159.09	74.94
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	2	118		23,124.43		195.97	.003	11562.22		.55
@HEMODIALYSIS TOTAL	220	5,890	\$	302,944.95	\$	51.43	.139	\$ 1377.02	\$	7.17
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	220	5,890		302,944.95		51.43	.139	1377.02		7.17
@REHABILITATION FACILITY	143	2,359	\$	33,590.88	\$	14.24	.056	\$ 234.90	\$	.79
HOSPITAL BASED	12	41		1,347.38		32.86	.001	112.28		.03
INDEPENDENT FACILITY	131	2,318		32,243.50		13.91	.055	246.13		.76
@LABORATORY FACILITY	2,592	16,768	\$	156,875.02	\$	9.36	.397	\$ 60.52	\$	3.71
PATHOLOGY	2,476	16,460		148,570.88		9.03	.389	60.00		3.51
XO AND OTHERS	135	308		8,304.14		26.96	.007	61.51		.20
@ORGANIZED OUTPATIENT CLINIC	4,755	7,847	\$	647,233.22	\$	82.48	.186	\$ 136.12	\$	15.31
CLINIC	623	1,736		40,240.53		23.18	.041	64.59		.95
SURGICENTER	14	17		2,594.61		152.62	.000	185.33		.06
HEROIN DETOX CLINIC	18	219		2,574.37		11.76	.005	143.02		.06
RURAL HEALTH CLINIC	4,195	5,875		601,823.71		102.44	.139	143.46		14.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									PAGE 6,628
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED									

	42,269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,680	357,601	\$	1,275,766.41	\$ 3.57	8.460	\$ 272.60	\$ 30.18
DURABLE MED. EQUIP.	419	2,062		224,338.35	108.80	.049	535.41	5.31
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	63	163		12,035.14	73.84	.004	191.03	.28
MEDICAL TRANSPORTATION	672	6,484		97,655.76	15.06	.153	145.32	2.31
AMBULANCES/AIR TRANS	594	5,948		90,202.46	15.17	.141	151.86	2.13
OTHER TRANS	36	509		1,530.91	3.01	.012	42.53	.04
OTHER SERVICES	57	27		5,922.39	219.35	.001	103.90	.14
ACUPUNCTURE	129	434		7,404.88	17.06	.010	57.40	.18
ADULT DAY HEALTH CARE CTR	182	2,280		158,072.13	69.33	.054	868.53	3.74
GENETIC DISEASE TESTING	2	2		162.00	81.00	.000	81.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	272	3,480		148,255.09	42.60	.082	545.06	3.51
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	539	1,983		24,370.23	12.29	.047	45.21	.58
PHYSICAL THERAPIST	4	25		328.40	13.14	.001	82.10	.01
PORTABLE X-RAY	47	95		1,801.50	18.96	.002	38.33	.04
PROSTHETIST/ORTHOTISTS	52	239		34,339.80	143.68	.006	660.38	.81
PROSTHETICS	52	239		34,339.80	143.68	.006	660.38	.81
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	13	25		551.06	22.04	.001	42.39	.01
SPEECH AND AUDIOLOGY	771	3,485		138,041.26	39.61	.082	179.04	3.27
HOSPICE SERVICES	36	768		99,351.24	129.36	.018	2759.76	2.35
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	500	19,735		216,235.97	10.96	.467	432.47	5.12
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,323	316,341		112,823.60	.36	7.484	85.28	2.67
@CALIF. CHILDREN SERVICES*	431	12,480	\$	3,389,945.24	\$ 271.63	.295	\$ 7865.30	\$ 80.20
@XOVER EXCLUDING STATE HOSP**	4,858	48,420	\$	736,828.97	\$ 15.22	1.146	\$ 151.67	\$ 17.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MARIN COUNTY

SUMMARY OF SERVICES FOR ALL FAMILIES

98,530 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	37,071	178,993	\$ 11,725,992.35	\$ 65.51	1.817	\$ 316.31	\$ 119.01
@PHYSICIANS SERVICES	11,530	27,047	\$ 1,521,426.03	\$ 56.25	.275	\$ 131.95	\$ 15.44
OUTPATIENT VISITS	7,772	9,732	407,963.21	41.92	.099	52.49	4.14
OFFICE VISITS	3,740	4,724	153,741.42	32.54	.048	41.11	1.56
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4,114	4,655	237,422.55	51.00	.047	57.71	2.41
PREVENTIVE CARE	18	19	810.60	42.66	.000	45.03	.01
OB VISITS/COMPRE PERI	86	185	10,993.02	59.42	.002	127.83	.11
OTHER OUTPATIENT	132	149	4,995.62	33.53	.002	37.85	.05
INPATIENT VISITS	456	1,623	92,780.02	57.17	.016	203.46	.94
HOSPITAL VISITS	433	1,378	61,074.56	44.32	.014	141.05	.62
CRITICAL CARE	54	244	31,633.36	129.64	.002	585.80	.32
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.000	72.10	.00
OPHTHALMOLOGICAL SERVICES	292	367	15,141.15	41.26	.004	51.85	.15
EXAMINATIONS	292	367	15,141.15	41.26	.004	51.85	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	470	3,380	177,423.18	52.49	.034	377.50	1.80
PRINCIPAL SURGEON	239	309	109,819.42	355.40	.003	459.50	1.11
ASSISTANT SURGEON	38	38	6,656.58	175.17	.000	175.17	.07
ANESTHESIOLOGIST	238	3,033	60,947.18	20.09	.031	256.08	.62
OUTPATIENT SURGERY	1,415	2,785	303,641.81	109.03	.028	214.59	3.08
PRINCIPAL SURGEON	1,272	1,660	274,217.25	165.19	.017	215.58	2.78
ASSISTANT SURGEON	8	8	1,091.19	136.40	.000	136.40	.01
ANESTHESIOLOGIST	196	1,117	28,333.37	25.37	.011	144.56	.29
DIALYSIS	9	13	2,925.52	225.04	.000	325.06	.03
PATHOLOGY	734	1,824	13,546.94	7.43	.019	18.46	.14
RADIOLOGY	2,814	4,075	131,083.58	32.17	.041	46.58	1.33
PSYCHIATRY	1	1	44.30	44.30	.000	44.30	.00

IMMUNIZATION AND INJECTION	103	405		27,204.20		67.17	.004	264.12	.28
OTHER SERVICES/ALL X-OVERS	1,490	2,842		349,672.12		123.04	.029	234.68	3.55
@PHARMACY	14,840	41,182	\$	2,070,278.79	\$	50.27	.418	\$ 139.51	\$ 21.01
PRESCRIPTION DRUGS	14,679	31,833		1,992,650.63		62.60	.323	135.75	20.22
SNF/ICF	29	154		26,073.58		169.31	.002	899.09	.26
OUTPATIENTS	14,656	31,679		1,966,577.05		62.08	.322	134.18	19.96
MEDICAL SUPPLIES	561	9,349		77,628.16		8.30	.095	138.37	.79
@DENTIST	4,207	15,432	\$	439,874.40	\$	28.50	.157	\$ 104.56	\$ 4.46
VISITS - DIAGNOSTIC	3,207	10,989		178,164.63		16.21	.112	55.55	1.81
ORAL SURGERY	444	798		44,022.00		55.17	.008	99.15	.45
DRUGS	113	136		3,000.00		22.06	.001	26.55	.03
ANESTHESIA	11	11		900.00		81.82	.000	81.82	.01
PERIODONTICS	56	59		5,394.43		91.43	.001	96.33	.05
ENDODONTICS	238	335		46,834.50		139.80	.003	196.78	.48
RESTORATIVE DENTISTRY	1,271	2,814		142,957.84		50.80	.029	112.48	1.45
PROSTHETICS	14	14		460.00		32.86	.000	32.86	.00
DENTURES, STAYPLATES	31	110		9,011.00		81.92	.001	290.68	.09
SPACE MAINTAINERS	28	35		3,200.00		91.43	.000	114.29	.03
MAXILLOFACIAL SERVICES	12	14		540.00		38.57	.000	45.00	.01
FRACTURES, DISLOCATIONS	1	1		700.00		700.00	.000	700.00	.01
ORTHODONTIC SERVICES	56	61		4,090.00		67.05	.001	73.04	.04
ALL OTHER SERVICES	67	55		600.00		10.91	.001	8.96	.01
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									
#CALIF DEPT OF HEALTH SERV									PAGE 6,630
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES								

98,530 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	439	1,077	\$ 26,459.48	\$ 24.57	.011	\$ 60.27	\$.27
DIAGNOSTIC AND ANC. PROCED	347	380	15,690.58	41.29	.004	45.22	.16
EYE APPLIANCES	236	690	10,591.19	15.35	.007	44.88	.11
OTHER OPTOMETRIC SERVICES	7	7	177.71	25.39	.000	25.39	.00
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.000	\$ 33.44	\$.00
VISITS	1	2	33.44	16.72	.000	33.44	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	50	68	\$ 2,210.17	\$ 32.50	.001	\$ 44.20	\$.02
MEDICINE/INJECTIONS	45	54	1,772.21	32.82	.001	39.38	.02
SURGERY/ANES.	6	10	361.84	36.18	.000	60.31	.00
RADIO./PATHOLOGY	2	4	76.12	19.03	.000	38.06	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	424	715	\$ 38,906.97	\$ 54.42	.007	\$ 91.76	\$.39
NURSE ANESTHESIST	1	3	80.00	26.67	.000	80.00	.00
NURSE MIDWIFE	6	40	\$ 1,465.67	\$ 36.64	.000	\$ 244.28	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	4	8	\$ 124.83	\$ 15.60	.000	\$ 31.21	\$.00
@TOTAL HOSPITAL	7,521	27,088	\$ 5,009,594.86	\$ 184.94	.275	\$ 666.08	\$ 50.84
HOSP INPATIENT TOTAL	795	2,545	4,252,221.01	1670.81	.026	5348.71	43.16
HSC HOSPITALS	730	2,325	3,885,607.81	1671.23	.024	5322.75	39.44
NON-HSC HOSPITAL TOTAL	66	220	363,591.24	1652.69	.002	5508.96	3.69
ACCOMMODATIONS	65	220	127,501.25	579.55	.002	1961.56	1.29
ADMINISTRATIVE DAYS	5	13	2,949.08	226.85	.000	589.82	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	60	207	124,552.17	601.70	.002	2075.87	1.26
ANCILLARIES	65	0	236,089.99	.00	.000	3632.15	2.40
INPATIENT CROSSOVERS	4	0	3,021.96	.00	.000	755.49	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	7,109	24,543		757,373.85	30.86	.249	106.54	7.69
MEDICAL	1,437	2,269		116,346.78	51.28	.023	80.97	1.18
SURGERY	630	939		32,530.96	34.64	.010	51.64	.33
PATHOLOGY	2,039	7,761		85,864.96	11.06	.079	42.11	.87
RADIOLOGY	2,218	2,892		199,035.48	68.82	.029	89.74	2.02
ROOM USE	4,783	5,706		220,498.68	38.64	.058	46.10	2.24
CROSSOVERS/ALL OTH OUTPTNT	2,616	4,976		103,096.99	20.72	.051	39.41	1.05
@COUNTY HOSPITAL TOTAL	74	360	\$	34,794.84	\$ 96.65	.004	\$ 470.20	\$.35
CO HOSPITAL INPATIENT TOTAL	7	18		24,256.84	1347.60	.000	3465.26	.25
HSC HOSPITALS	6	16		18,895.02	1180.94	.000	3149.17	.19
NON-HSC HOSPITALS TOTAL	1	2		5,361.82	2680.91	.000	5361.82	.05
ACCOMMODATIONS	1	2		1,231.20	615.60	.000	1231.20	.01
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		1,231.20	615.60	.000	1231.20	.01
ANCILLARIES	1	0		4,130.62	.00	.000	4130.62	.04
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	69	342		10,538.00	30.81	.003	152.72	.11
MEDICAL	17	21		783.77	37.32	.000	46.10	.01
SURGERY	21	29		1,005.05	34.66	.000	47.86	.01
PATHOLOGY	31	133		2,351.33	17.68	.001	75.85	.02
RADIOLOGY	13	25		1,350.06	54.00	.000	103.85	.01
ROOM USE	40	71		3,855.28	54.30	.001	96.38	.04
CROSSOVERS/ALL OTH OUTPTNT	27	63		1,192.51	18.93	.001	44.17	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,631
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

					----- MONTHLY AVERAGE -----			
98,530 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	7,458	26,728	\$ 4,974,800.02	\$ 186.13	.271	\$ 667.04	\$ 50.49	
COMM HOSP INPATIENT TOTAL	788	2,527	4,227,964.17	1673.12	.026	5365.44	42.91	
HSC HOSPITALS	724	2,309	3,866,712.79	1674.63	.023	5340.76	39.24	
NON-HSC HOSPITALS TOTAL	65	218	358,229.42	1643.25	.002	5511.22	3.64	
ACCOMMODATIONS	64	218	126,270.05	579.22	.002	1972.97	1.28	
ADMINISTRATIVE DAYS	5	13	2,949.08	226.85	.000	589.82	.03	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	59	205	123,320.97	601.57	.002	2090.19	1.25	
ANCILLARIES	64	0	231,959.37	.00	.000	3624.37	2.35	
INPATIENT CROSSOVERS	4	0	3,021.96	.00	.000	755.49	.03	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	7,051	24,201	746,835.85	30.86	.246	105.92	7.58	
MEDICAL	1,421	2,248	115,563.01	51.41	.023	81.33	1.17	
SURGERY	609	910	31,525.91	34.64	.009	51.77	.32	
PATHOLOGY	2,009	7,628	83,513.63	10.95	.077	41.57	.85	
RADIOLOGY	2,206	2,867	197,685.42	68.95	.029	89.61	2.01	
ROOM USE	4,746	5,635	216,643.40	38.45	.057	45.65	2.20	
CROSSOVERS/ALL OTH OUTPTNT	2,591	4,913	101,904.48	20.74	.050	39.33	1.03	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	3	22	\$ 3,058.73	\$ 139.03	.000	\$ 1019.58	\$.03	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	1	5	725.30	145.06	.000	725.30	.01	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	17	2,333.43	137.26	.000	1166.72	.02
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	19	1,502	54,334.57	36.17	.015	2859.71	.55
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	19	1,502	54,334.57	36.17	.015	2859.71	.55
@REHABILITATION FACILITY	45	358	6,654.89	18.59	.004	147.89	.07
HOSPITAL BASED	21	73	2,484.86	34.04	.001	118.33	.03
INDEPENDENT FACILITY	24	285	4,170.03	14.63	.003	173.75	.04
@LABORATORY FACILITY	3,724	16,002	172,213.71	10.76	.162	46.24	1.75
PATHOLOGY	3,710	15,975	170,376.05	10.67	.162	45.92	1.73
XO AND OTHERS	23	27	1,837.66	68.06	.000	79.90	.02
@ORGANIZED OUTPATIENT CLINIC	12,743	34,654	2,143,355.56	61.85	.352	168.20	21.75
CLINIC	3,421	20,808	407,471.71	19.58	.211	119.11	4.14
SURGICENTER	2	9	396.10	44.01	.000	198.05	.00
HEROIN DETOX CLINIC	9	172	1,902.79	11.06	.002	211.42	.02
RURAL HEALTH CLINIC	9,632	13,665	1,733,584.96	126.86	.139	179.98	17.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,632
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

					----- MONTHLY AVERAGE -----			
98,530 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,567	13,793	\$ 235,920.25	\$ 17.10	.140	\$ 91.91	\$ 2.39	
DURABLE MED. EQUIP.	127	222	22,954.69	103.40	.002	180.75	.23	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	12	68	4,626.38	68.04	.001	385.53	.05	
MEDICAL TRANSPORTATION	393	2,860	57,111.81	19.97	.029	145.32	.58	
AMBULANCES/AIR TRANS	393	2,832	48,028.18	16.96	.029	122.21	.49	
OTHER TRANS	2	22	73.75	3.35	.000	36.88	.00	
OTHER SERVICES	6	6	9,009.88	1501.65	.000	1501.65	.09	
ACUPUNCTURE	39	119	2,074.19	17.43	.001	53.18	.02	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	155	155	16,251.00	104.85	.002	104.85	.16	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	488	1,518	17,297.77	11.40	.015	35.45	.18	
PHYSICAL THERAPIST	3	12	174.33	14.53	.000	58.11	.00	
PORTABLE X-RAY	1	2	60.26	30.13	.000	60.26	.00	
PROSTHETIST/ORTHOTISTS	64	221	35,889.67	162.40	.002	560.78	.36	
PROSTHETICS	63	220	35,793.17	162.70	.002	568.15	.36	
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.00	
PSYCHOLOGIST	7	27	1,737.64	64.36	.000	248.23	.02	
SPEECH AND AUDIOLOGY	5	10	493.69	49.37	.000	98.74	.01	
HOSPICE SERVICES	2	8	1,271.28	158.91	.000	635.64	.01	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	1,230	7,393	73,925.61	10.00	.075	60.10	.75	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	68	1,178	2,051.93	1.74	.012	30.18	.02	
@CALIF. CHILDREN SERVICES*	354	2,575	\$ 714,970.78	\$ 277.66	.026	\$ 2019.69	\$ 7.26	

@XOVER EXCLUDING STATE HOSP** 88 291 \$ 14,192.40 \$ 48.77 .003 \$ 161.28 \$.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,633

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	6,591 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,472	21,179	\$	1,082,231.39	\$ 51.10	3.213	\$ 311.70	\$ 164.20
@PHYSICIANS SERVICES	685	1,737	\$	77,380.90	\$ 44.55	.264	\$ 112.96	\$ 11.74
OUTPATIENT VISITS	446	562		24,184.30	43.03	.085	54.22	3.67
OFFICE VISITS	198	253		8,357.44	33.03	.038	42.21	1.27
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	252	292		14,971.54	51.27	.044	59.41	2.27
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	4		376.79	94.20	.001	94.20	.06
OTHER OUTPATIENT	10	13		478.53	36.81	.002	47.85	.07
INPATIENT VISITS	47	177		13,694.91	77.37	.027	291.38	2.08
HOSPITAL VISITS	40	127		6,726.22	52.96	.019	168.16	1.02
CRITICAL CARE	5	44		6,834.79	155.34	.007	1366.96	1.04
SNF/ICF/TRANS IP CARE	5	6		133.90	22.32	.001	26.78	.02
OPHTHALMOLOGICAL SERVICES	25	32		1,345.14	42.04	.005	53.81	.20
EXAMINATIONS	25	32		1,345.14	42.04	.005	53.81	.20
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	373		14,215.68	38.11	.057	490.20	2.16
PRINCIPAL SURGEON	19	25		10,078.00	403.12	.004	530.42	1.53
ASSISTANT SURGEON	2	2		531.32	265.66	.000	265.66	.08
ANESTHESIOLOGIST	12	346		3,606.36	10.42	.052	300.53	.55
OUTPATIENT SURGERY	73	123		11,446.41	93.06	.019	156.80	1.74
PRINCIPAL SURGEON	66	81		10,088.70	124.55	.012	152.86	1.53
ASSISTANT SURGEON	1	1		163.81	163.81	.000	163.81	.02
ANESTHESIOLOGIST	8	41		1,193.90	29.12	.006	149.24	.18
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	38	71		402.93	5.68	.011	10.60	.06
RADIOLOGY	156	251		7,035.85	28.03	.038	45.10	1.07
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	6		40.98	6.83	.001	13.66	.01
OTHER SERVICES/ALL X-OVERS	75	142		5,014.70	35.31	.022	66.86	.76
@PHARMACY	963	10,146	\$	128,219.68	\$ 12.64	1.539	\$ 133.15	\$ 19.45
PRESCRIPTION DRUGS	947	1,804		125,300.10	69.46	.274	132.31	19.01
SNF/ICF	30	187		20,103.67	107.51	.028	670.12	3.05
OUTPATIENTS	917	1,617		105,196.43	65.06	.245	114.72	15.96
MEDICAL SUPPLIES	26	8,342		2,919.58	.35	1.266	112.29	.44
@DENTIST	243	1,101	\$	27,525.40	\$ 25.00	.167	\$ 113.27	\$ 4.18
VISITS - DIAGNOSTIC	197	841		13,063.40	15.53	.128	66.31	1.98
ORAL SURGERY	23	41		2,879.00	70.22	.006	125.17	.44
DRUGS	3	3		75.00	25.00	.000	25.00	.01
ANESTHESIA	2	2		200.00	100.00	.000	100.00	.03
PERIODONTICS	1	1		118.00	118.00	.000	118.00	.02
ENDODONTICS	17	21		2,192.50	104.40	.003	128.97	.33
RESTORATIVE DENTISTRY	72	170		7,380.00	43.41	.026	102.50	1.12
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	3		240.00	80.00	.000	120.00	.04

MAXILLOFACIAL SERVICES	1	1	47.50	47.50	.000	47.50	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	8	9	1,300.00	144.44	.001	162.50	.20
ALL OTHER SERVICES	3	8	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,634
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

6,591 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	16	35	\$ 1,008.76	\$ 28.82	.005	\$ 63.05	\$.15
DIAGNOSTIC AND ANC. PROCED	15	16	657.30	41.08	.002	43.82	.10
EYE APPLIANCES	6	19	351.46	18.50	.003	58.58	.05
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	4	\$ 131.38	\$ 32.85	.001	\$ 43.79	\$.02
MEDICINE/INJECTIONS	3	4	131.38	32.85	.001	43.79	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	6	\$ 359.70	\$ 59.95	.001	\$ 89.93	\$.05
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	3	\$ 120.42	\$ 40.14	.000	\$ 40.14	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	478	1,830	\$ 366,724.98	\$ 200.40	.278	\$ 767.21	\$ 55.64
HOSP INPATIENT TOTAL	50	197	315,488.34	1601.46	.030	6309.77	47.87
HSC HOSPITALS	48	189	306,217.09	1620.20	.029	6379.52	46.46
NON-HSC HOSPITAL TOTAL	2	8	9,271.25	1158.91	.001	4635.63	1.41
ACCOMMODATIONS	2	8	4,813.92	601.74	.001	2406.96	.73

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	4,813.92	601.74	.001	2406.96	.73
ANCILLARIES	2	0	4,457.33	.00	.000	2228.67	.68
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	445	1,633	51,236.64	31.38	.248	115.14	7.77
MEDICAL	93	136	6,252.98	45.98	.021	67.24	.95
SURGERY	27	34	1,923.72	56.58	.005	71.25	.29
PATHOLOGY	143	628	6,979.57	11.11	.095	48.81	1.06
RADIOLOGY	141	190	16,859.86	88.74	.029	119.57	2.56
ROOM USE	311	386	14,882.29	38.56	.059	47.85	2.26
CROSSOVERS/ALL OTH OUTPTNT	132	259	4,338.22	16.75	.039	32.87	.66
@COUNTY HOSPITAL TOTAL	13	93	\$ 27,419.79	\$ 294.84	.014	\$ 2109.21	\$ 4.16
CO HOSPITAL INPATIENT TOTAL	1	22	24,860.00	1130.00	.003	24860.00	3.77
HSC HOSPITALS	1	22	24,860.00	1130.00	.003	24860.00	3.77
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	12	71	2,559.79	36.05	.011	213.32	.39
MEDICAL	3	10	556.28	55.63	.002	185.43	.08
SURGERY	3	5	203.95	40.79	.001	67.98	.03
PATHOLOGY	2	10	197.45	19.75	.002	98.73	.03
RADIOLOGY	3	3	102.76	34.25	.000	34.25	.02
ROOM USE	10	25	1,321.15	52.85	.004	132.12	.20
CROSSOVERS/ALL OTH OUTPTNT	6	18	178.20	9.90	.003	29.70	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,635
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
6,591 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	467	1,737	\$ 339,305.19	\$ 195.34	.264	\$ 726.56	\$ 51.48
COMM HOSP INPATIENT TOTAL	49	175	290,628.34	1660.73	.027	5931.19	44.09
HSC HOSPITALS	47	167	281,357.09	1684.77	.025	5986.32	42.69
NON-HSC HOSPITALS TOTAL	2	8	9,271.25	1158.91	.001	4635.63	1.41
ACCOMMODATIONS	2	8	4,813.92	601.74	.001	2406.96	.73
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	4,813.92	601.74	.001	2406.96	.73
ANCILLARIES	2	0	4,457.33	.00	.000	2228.67	.68
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	435	1,562	48,676.85	31.16	.237	111.90	7.39
MEDICAL	90	126	5,696.70	45.21	.019	63.30	.86
SURGERY	24	29	1,719.77	59.30	.004	71.66	.26
PATHOLOGY	142	618	6,782.12	10.97	.094	47.76	1.03
RADIOLOGY	138	187	16,757.10	89.61	.028	121.43	2.54
ROOM USE	303	361	13,561.14	37.57	.055	44.76	2.06
CROSSOVERS/ALL OTH OUTPTNT	126	241	4,160.02	17.26	.037	33.02	.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	24	831	\$	109,230.60	\$ 131.44	.126	\$ 4551.28	\$ 16.57
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	6	400		49,298.83	123.25	.061	8216.47	7.48
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	18	431		59,931.77	139.05	.065	3329.54	9.09
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	20	174	\$	2,487.76	\$ 14.30	.026	\$ 124.39	\$.38
HOSPITAL BASED	1	2		62.28	31.14	.000	62.28	.01
INDEPENDENT FACILITY	19	172		2,425.48	14.10	.026	127.66	.37
@LABORATORY FACILITY	175	525	\$	6,836.31	\$ 13.02	.080	\$ 39.06	\$ 1.04
PATHOLOGY	175	525		6,836.31	13.02	.080	39.06	1.04
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,763	3,313	\$	338,543.63	\$ 102.19	.503	\$ 192.03	\$ 51.36
CLINIC	149	762		18,656.11	24.48	.116	125.21	2.83
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	21		240.98	11.48	.003	240.98	.04
RURAL HEALTH CLINIC	1,620	2,530		319,646.54	126.34	.384	197.31	48.50

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,636
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

6,591 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	144	1,474	\$ 23,661.87	\$ 16.05	.224	\$ 164.32	\$ 3.59
DURABLE MED. EQUIP.	4	4	389.58	97.40	.001	97.40	.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	45	433	9,306.54	21.49	.066	206.81	1.41
AMBULANCES/AIR TRANS	45	431	6,231.54	14.46	.065	138.48	.95
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,075.00	1537.50	.000	1537.50	.47
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.000	105.00	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	54	605.56	11.21	.008	37.85	.09
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	60.26	30.13	.000	60.26	.01
PROSTHETIST/ORTHOTISTS	3	11	1,604.64	145.88	.002	534.88	.24
PROSTHETICS	3	11	1,604.64	145.88	.002	534.88	.24
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	30	1,029.12	34.30	.005	128.64	.16
HOSPICE SERVICES	2	15	2,358.75	157.25	.002	1179.38	.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	60	920	8,073.39	8.78	.140	134.56	1.22
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	3	24.03	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	66	858	\$ 177,949.69	\$ 207.40	.130	\$ 2696.21	\$ 27.00
@XOVER EXCLUDING STATE HOSP**	1	0	\$ 328.50	\$.00	.000	\$ 328.50	\$.05

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,637
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR RENAL DIALYSIS	AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,638
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,639
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,640
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,641

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY

SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,642
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,643
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
HEMODIALYSIS CENTER	0	0		.00		.000		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
INDEPENDENT FACILITY	0	0		.00		.000		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00		.000		.00
XO AND OTHERS	0	0		.00		.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00		.000		.00
SURGICENTER	0	0		.00		.000		.00
HEROIN DETOX CLINIC	0	0		.00		.000		.00
RURAL HEALTH CLINIC	0	0		.00		.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,644
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,645
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS	AID CODES 51 52 56 57	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.000		.00
SNF/ICF	0	0		.00		.000		.00
OUTPATIENTS	0	0		.00		.000		.00
MEDICAL SUPPLIES	0	0		.00		.000		.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000		.00
ORAL SURGERY	0	0		.00		.000		.00
DRUGS	0	0		.00		.000		.00
ANESTHESIA	0	0		.00		.000		.00
PERIODONTICS	0	0		.00		.000		.00
ENDODONTICS	0	0		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.000		.00
PROSTHETICS	0	0		.00		.000		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
MARIN COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							
	AID CODES 51 52 56 57							

PAGE 6,646
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.000		.00
EYE APPLIANCES	0	0		.00	.000		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.000		.00
@CHIROPRACTOR	0	0	\$	.00	.000	\$	.00
VISITS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
@PODIATRIST	0	0	\$	.00	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.000		.00
SURGERY/ANES.	0	0		.00	.000		.00
RADIO./PATHOLOGY	0	0		.00	.000		.00
OTHER	0	0		.00	.000		.00
@HOME HEALTH AGENCY	0	0	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,647
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS						AID CODES 51 52 56 57

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,648
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00
BLOOD BANK	0	0		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00
OTHER TRANS	0	0		.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00
OPTICIAN	0	0		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00
PROSTHETICS	0	0		.00	.000	.00	.00
ORTHOTICS	0	0		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,649
 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
 MARIN COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	4,157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		1,957	18,540	\$ 1,355,341.59	\$ 73.10	4.460	\$ 692.56	\$ 326.04
@PHYSICIANS SERVICES		706	1,937	\$ 134,370.18	\$ 69.37	.466	\$ 190.33	\$ 32.32
OUTPATIENT VISITS		219	254	15,625.22	61.52	.061	71.35	3.76
OFFICE VISITS		23	29	1,330.00	45.86	.007	57.83	.32
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		188	211	13,048.58	61.84	.051	69.41	3.14
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		12	14	1,246.64	89.05	.003	103.89	.30
OTHER OUTPATIENT		0	0	.00	.00	.000	.00	.00
INPATIENT VISITS		67	192	11,987.15	62.43	.046	178.91	2.88
HOSPITAL VISITS		63	155	7,189.82	46.39	.037	114.12	1.73
CRITICAL CARE		8	37	4,797.33	129.66	.009	599.67	1.15
SNF/ICF/TRANS IP CARE		0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES		0	0	.00	.00	.000	.00	.00
EXAMINATIONS		0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		60	383	21,189.89	55.33	.092	353.16	5.10
PRINCIPAL SURGEON		23	24	12,263.24	510.97	.006	533.18	2.95
ASSISTANT SURGEON		4	4	660.77	165.19	.001	165.19	.16
ANESTHESIOLOGIST		37	355	8,265.88	23.28	.085	223.40	1.99
OUTPATIENT SURGERY		176	326	57,992.89	177.89	.078	329.51	13.95
PRINCIPAL SURGEON		163	228	55,500.14	243.42	.055	340.49	13.35

ASSISTANT SURGEON	2	2		373.00	186.50	.000	186.50	.09
ANESTHESIOLOGIST	15	96		2,119.75	22.08	.023	141.32	.51
DIALYSIS	11	14		3,150.56	225.04	.003	286.41	.76
PATHOLOGY	7	8		154.51	19.31	.002	22.07	.04
RADIOLOGY	326	489		15,962.34	32.64	.118	48.96	3.84
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		19.46	9.73	.000	9.73	.00
OTHER SERVICES/ALL X-OVERS	142	269		8,288.16	30.81	.065	58.37	1.99
@PHARMACY	550	1,668	\$	73,007.24	\$ 43.77	.401	\$ 132.74	\$ 17.56
PRESCRIPTION DRUGS	530	1,298		57,692.78	44.45	.312	108.85	13.88
SNF/ICF	1	1		7.41	7.41	.000	7.41	.00
OUTPATIENTS	529	1,297		57,685.37	44.48	.312	109.05	13.88
MEDICAL SUPPLIES	81	370		15,314.46	41.39	.089	189.07	3.68
@DENTIST	22	69	\$	943.00	\$ 13.67	.017	\$ 42.86	\$.23
VISITS - DIAGNOSTIC	21	54		590.00	10.93	.013	28.10	.14
ORAL SURGERY	5	8		298.00	37.25	.002	59.60	.07
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		55.00	55.00	.000	55.00	.01
ENDODONTICS	1	1		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	5		.00	.00	.001	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,650
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F							

4,157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	75	93 \$	4,859.67	\$ 52.25	.022	\$ 64.80	\$ 1.17
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	491	2,050 \$	897,499.60	\$ 437.80	.493	\$ 1827.90	\$ 215.90
HOSP INPATIENT TOTAL	153	517	853,923.51	1651.69	.124	5581.20	205.42
HSC HOSPITALS	151	514	845,268.09	1644.49	.124	5597.80	203.34
NON-HSC HOSPITAL TOTAL	2	3	8,655.42	2885.14	.001	4327.71	2.08
ACCOMMODATIONS	2	3	1,601.15	533.72	.001	800.58	.39

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3	1,601.15	533.72	.001	800.58	.39
ANCILLARIES	2	0	7,054.27	.00	.000	3527.14	1.70
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	408	1,533	43,576.09	28.43	.369	106.80	10.48
MEDICAL	66	95	3,385.30	35.63	.023	51.29	.81
SURGERY	55	125	2,750.81	22.01	.030	50.01	.66
PATHOLOGY	142	600	6,163.37	10.27	.144	43.40	1.48
RADIOLOGY	169	224	17,356.22	77.48	.054	102.70	4.18
ROOM USE	177	214	8,544.64	39.93	.051	48.27	2.06
CROSSOVERS/ALL OTH OUTPTNT	179	275	5,375.75	19.55	.066	30.03	1.29
@COUNTY HOSPITAL TOTAL	4	35	\$ 2,089.94	\$ 59.71	.008	\$ 522.49	\$.50
CO HOSPITAL INPATIENT TOTAL	1	1	1,100.00	1100.00	.000	1100.00	.26
HSC HOSPITALS	1	1	1,100.00	1100.00	.000	1100.00	.26
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	34	989.94	29.12	.008	329.98	.24
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	2	4	120.42	30.11	.001	60.21	.03
PATHOLOGY	2	13	271.20	20.86	.003	135.60	.07
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	8	517.78	64.72	.002	258.89	.12
CROSSOVERS/ALL OTH OUTPTNT	3	9	80.54	8.95	.002	26.85	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,651
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	4,157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
					AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	487	2,015	\$	895,409.66	\$ 444.37	.485	\$ 1838.62	\$ 215.40
COMM HOSP INPATIENT TOTAL	152	516		852,823.51	1652.76	.124	5610.68	205.15
HSC HOSPITALS	150	513		844,168.09	1645.55	.123	5627.79	203.07
NON-HSC HOSPITALS TOTAL	2	3		8,655.42	2885.14	.001	4327.71	2.08
ACCOMMODATIONS	2	3		1,601.15	533.72	.001	800.58	.39
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3		1,601.15	533.72	.001	800.58	.39
ANCILLARIES	2	0		7,054.27	.00	.000	3527.14	1.70
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	405	1,499		42,586.15	28.41	.361	105.15	10.24
MEDICAL	66	95		3,385.30	35.63	.023	51.29	.81
SURGERY	53	121		2,630.39	21.74	.029	49.63	.63
PATHOLOGY	140	587		5,892.17	10.04	.141	42.09	1.42
RADIOLOGY	169	224		17,356.22	77.48	.054	102.70	4.18
ROOM USE	175	206		8,026.86	38.97	.050	45.87	1.93
CROSSOVERS/ALL OTH OUTPTNT	176	266		5,295.21	19.91	.064	30.09	1.27
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	15	943	\$	28,863.24	\$	30.61	.227	\$ 1924.22
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	943		28,863.24		30.61	.227	1924.22
@REHABILITATION FACILITY	1	1	\$	21.19	\$	21.19	.000	\$ 21.19
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	1		21.19		21.19	.000	21.19
@LABORATORY FACILITY	627	2,352	\$	25,287.69	\$	10.75	.566	\$ 40.33
PATHOLOGY	626	2,351		25,248.76		10.74	.566	40.33
XO AND OTHERS	1	1		38.93		38.93	.000	38.93
@ORGANIZED OUTPATIENT CLINIC	1,085	9,167	\$	174,755.66	\$	19.06	2.205	\$ 161.07
CLINIC	938	8,806		128,918.74		14.64	2.118	137.44
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	206	361		45,836.92		126.97	.087	222.51

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,652
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MARIN COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,157 ELIGIBLES							
@ALL OTHER PROVIDERS	130	260	\$ 15,734.12	\$ 60.52	.063	\$ 121.03	\$ 3.78
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	26	153	4,674.37	30.55	.037	179.78	1.12
AMBULANCES/AIR TRANS	26	152	2,874.37	18.91	.037	110.55	.69
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.43
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	102	102	10,710.00	105.00	.025	105.00	2.58
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	5	349.75	69.95	.001	87.44	.08
PROSTHETICS	4	5	349.75	69.95	.001	87.44	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	7	120	\$ 32,924.89	\$ 274.37	.029	\$ 4703.56	\$ 7.92
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,653
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR REFUGEES	AID CODES 01 02 08 0A

77 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	43	189	\$ 14,641.21	\$ 77.47	2.455	\$ 340.49	\$ 190.15
@PHYSICIANS SERVICES	20	47	\$ 2,757.59	\$ 58.67	.610	\$ 137.88	\$ 35.81
OUTPATIENT VISITS	8	9	570.46	63.38	.117	71.31	7.41
OFFICE VISITS	3	3	128.40	42.80	.039	42.80	1.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	6	442.06	73.68	.078	88.41	5.74
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	32.46	32.46	.013	32.46	.42
HOSPITAL VISITS	1	1	32.46	32.46	.013	32.46	.42
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	3	996.02	332.01	.039	498.01	12.94
PRINCIPAL SURGEON	2	3	996.02	332.01	.039	498.01	12.94
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	12	360.71	30.06	.156	180.36	4.68
PRINCIPAL SURGEON	1	1	54.73	54.73	.013	54.73	.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	11	305.98	27.82	.143	305.98	3.97
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	22.54	5.64	.052	22.54	.29
RADIOLOGY	8	10	331.30	33.13	.130	41.41	4.30
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	8	444.10	55.51	.104	88.82	5.77
@PHARMACY	4	4	\$ 243.10	\$ 60.78	.052	\$ 60.78	\$ 3.16
PRESCRIPTION DRUGS	4	4	243.10	60.78	.052	60.78	3.16
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	4	4	243.10	60.78	.052	60.78	3.16
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	7	25	\$ 1,194.75	\$ 47.79	.325	\$ 170.68	\$ 15.52
VISITS - DIAGNOSTIC	4	13	283.00	21.77	.169	70.75	3.68
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	2	2	236.00	118.00	.026	118.00	3.06
ENDODONTICS	1	1	260.00	260.00	.013	260.00	3.38
RESTORATIVE DENTISTRY	4	8	415.75	51.97	.104	103.94	5.40
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.013	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,654
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

77 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	11 \$	224.17	\$ 20.38	.143	\$ 56.04	\$ 2.91
DIAGNOSTIC AND ANC. PROCED	3	3	127.70	42.57	.039	42.57	1.66
EYE APPLIANCES	2	8	96.47	12.06	.104	48.24	1.25
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	1	4	\$	33.63	\$	8.41	.052	\$	33.63	\$	.44
@TOTAL HOSPITAL	9	40	\$	8,707.71	\$	217.69	.519	\$	967.52	\$	113.09
HOSP INPATIENT TOTAL	2	5		7,835.00		1567.00	.065		3917.50		101.75
HSC HOSPITALS	2	5		7,835.00		1567.00	.065		3917.50		101.75
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7	35		872.71		24.93	.455		124.67		11.33
MEDICAL	3	3		76.92		25.64	.039		25.64		1.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	22		305.73		13.90	.286		101.91		3.97
RADIOLOGY	6	6		339.76		56.63	.078		56.63		4.41
ROOM USE	3	4		150.30		37.58	.052		50.10		1.95
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,655
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MARIN COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

77 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	40	\$ 8,707.71	\$ 217.69	.519	\$ 967.52	\$ 113.09
COMM HOSP INPATIENT TOTAL	2	5	7,835.00	1567.00	.065	3917.50	101.75
HSC HOSPITALS	2	5	7,835.00	1567.00	.065	3917.50	101.75
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	35	872.71	24.93	.455	124.67	11.33
MEDICAL	3	3	76.92	25.64	.039	25.64	1.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	22		305.73	13.90	.286	101.91	3.97
RADIOLOGY	6	6		339.76	56.63	.078	56.63	4.41
ROOM USE	3	4		150.30	37.58	.052	50.10	1.95
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	46	\$	610.97	13.28	.597	101.83	7.93
PATHOLOGY	6	45		572.04	12.71	.584	95.34	7.43
XO AND OTHERS	1	1		38.93	38.93	.013	38.93	.51
@ORGANIZED OUTPATIENT CLINIC	6	10	\$	852.65	85.27	.130	142.11	11.07
CLINIC	4	6		334.61	55.77	.078	83.65	4.35
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	4		518.04	129.51	.052	172.68	6.73

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,656
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

77 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$ 16.64	\$ 8.32	.026	\$ 16.64	\$.22
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.026	16.64	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,657

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL

AID CODES 0M 0N 0P

229 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	281	3,338	\$ 315,106.50	\$ 94.40	14.576	\$ 1121.38	\$ 1376.01
@PHYSICIANS SERVICES	161	887	\$ 52,843.53	\$ 59.58	3.873	\$ 328.22	\$ 230.76
OUTPATIENT VISITS	109	153	6,039.52	39.47	.668	55.41	26.37
OFFICE VISITS	89	122	4,818.10	39.49	.533	54.14	21.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	13	13	801.05	61.62	.057	61.62	3.50
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	16	18	420.37	23.35	.079	26.27	1.84
INPATIENT VISITS	3	8	353.80	44.23	.035	117.93	1.54
HOSPITAL VISITS	3	8	353.80	44.23	.035	117.93	1.54
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	96.22	48.11	.009	48.11	.42
EXAMINATIONS	2	2	96.22	48.11	.009	48.11	.42
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	105	7,245.32	69.00	.459	658.67	31.64
PRINCIPAL SURGEON	9	18	5,298.78	294.38	.079	588.75	23.14
ASSISTANT SURGEON	2	3	669.24	223.08	.013	334.62	2.92
ANESTHESIOLOGIST	4	84	1,277.30	15.21	.367	319.33	5.58
OUTPATIENT SURGERY	46	195	11,942.70	61.24	.852	259.62	52.15
PRINCIPAL SURGEON	32	47	8,491.77	180.68	.205	265.37	37.08
ASSISTANT SURGEON	1	1	210.72	210.72	.004	210.72	.92
ANESTHESIOLOGIST	21	147	3,240.21	22.04	.642	154.30	14.15
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	18	41	1,121.26	27.35	.179	62.29	4.90
RADIOLOGY	55	256	17,670.97	69.03	1.118	321.29	77.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	83	6,848.95	82.52	.362	3424.48	29.91
OTHER SERVICES/ALL X-OVERS	18	44	1,524.79	34.65	.192	84.71	6.66
@PHARMACY	152	431	\$ 39,015.41	\$ 90.52	1.882	\$ 256.68	\$ 170.37
PRESCRIPTION DRUGS	152	429	39,013.91	90.94	1.873	256.67	170.37
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	152	429	39,013.91	90.94	1.873	256.67	170.37

MEDICAL SUPPLIES	1	2		1.50	.75	.009	1.50	.01
@DENTIST	8	21	\$	957.00	\$ 45.57	.092	\$ 119.63	\$ 4.18
VISITS - DIAGNOSTIC	6	14		399.00	28.50	.061	66.50	1.74
ORAL SURGERY	2	3		128.00	42.67	.013	64.00	.56
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		260.00	260.00	.004	260.00	1.14
RESTORATIVE DENTISTRY	2	3		170.00	56.67	.013	85.00	.74
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,658	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
MARIN COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL							
	AID CODES 0M 0N 0P							

						----- MONTHLY AVERAGE -----			
229 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	3	6 \$	195.46	\$ 32.58	.026	\$ 65.15	\$.85		
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.013	47.45	.62		
EYE APPLIANCES	1	3	53.11	17.70	.013	53.11	.23		
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00		
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	0	0	.00	.00	.000	.00	.00		
@HOME HEALTH AGENCY	3	11 \$	778.73	\$ 70.79	.048	\$ 259.58	\$ 3.40		
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00		
@TOTAL HOSPITAL	135	1,524 \$	195,663.74	\$ 128.39	6.655	\$ 1449.36	\$ 854.43		
HOSP INPATIENT TOTAL	10	34	54,767.58	1610.81	.148	5476.76	239.16		
HSC HOSPITALS	10	33	53,999.00	1636.33	.144	5399.90	235.80		
NON-HSC HOSPITAL TOTAL	1	1	768.58	768.58	.004	768.58	3.36		
ACCOMMODATIONS	1	1	231.30	231.30	.004	231.30	1.01		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	1	1	231.30	231.30	.004	231.30	1.01		
ANCILLARIES	1	0	537.28	.00	.000	537.28	2.35		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	132	1,490	140,896.16	94.56	6.507	1067.40	615.27		
MEDICAL	36	75	3,230.49	43.07	.328	89.74	14.11		
SURGERY	33	35	2,129.54	60.84	.153	64.53	9.30		
PATHOLOGY	59	272	2,459.43	9.04	1.188	41.69	10.74		
RADIOLOGY	64	429	32,517.75	75.80	1.873	508.09	142.00		
ROOM USE	53	100	5,307.96	53.08	.437	100.15	23.18		

CROSSTOVERS/ALL OTH OUTPTNT	51	579	95,250.99	164.51	2.528	1867.67	415.94
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,659
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

229 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	135	1,524	\$ 195,663.74	\$ 128.39	6.655	\$ 1449.36	\$ 854.43
COMM HOSP INPATIENT TOTAL	10	34	54,767.58	1610.81	.148	5476.76	239.16
HSC HOSPITALS	10	33	53,999.00	1636.33	.144	5399.90	235.80
NON-HSC HOSPITALS TOTAL	1	1	768.58	768.58	.004	768.58	3.36
ACCOMMODATIONS	1	1	231.30	231.30	.004	231.30	1.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	1	1	231.30	231.30	.004	231.30	1.01
ANCILLARIES	1	0	537.28	.00	.000	537.28	2.35
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	132	1,490	140,896.16	94.56	6.507	1067.40	615.27
MEDICAL	36	75	3,230.49	43.07	.328	89.74	14.11
SURGERY	33	35	2,129.54	60.84	.153	64.53	9.30
PATHOLOGY	59	272	2,459.43	9.04	1.188	41.69	10.74
RADIOLOGY	64	429	32,517.75	75.80	1.873	508.09	142.00
ROOM USE	53	100	5,307.96	53.08	.437	100.15	23.18
CROSSOVERS/ALL OTH OUTPTNT	51	579	95,250.99	164.51	2.528	1867.67	415.94
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	63	299	\$ 6,368.03	\$ 21.30	1.306	\$ 101.08	\$ 27.81
PATHOLOGY	61	290	5,888.96	20.31	1.266	96.54	25.72
XO AND OTHERS	8	9	479.07	53.23	.039	59.88	2.09
@ORGANIZED OUTPATIENT CLINIC	47	56	\$ 5,881.75	\$ 105.03	.245	\$ 125.14	\$ 25.68
CLINIC	11	15	535.36	35.69	.066	48.67	2.34
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	37	41	5,346.39	130.40	.179	144.50	23.35

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,660
03/14/05

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR BCCTP-FEDERAL

AID CODES OM ON OP

229 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	103	\$ 13,402.85	\$ 130.12	.450	\$ 1340.29	\$ 58.53
DURABLE MED. EQUIP.	2	2	791.93	395.97	.009	395.97	3.46
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	20	221.25	11.06	.087	44.25	.97
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	81	12,389.67	152.96	.354	4129.89	54.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,661
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV	

32 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	44	274	\$ 19,266.83	\$ 70.32	8.563	\$ 437.88	\$ 602.09
@PHYSICIANS SERVICES	22	53	\$ 4,951.59	\$ 93.43	1.656	\$ 225.07	\$ 154.74
OUTPATIENT VISITS	4	4	241.50	60.38	.125	60.38	7.55
OFFICE VISITS	3	3	196.90	65.63	.094	65.63	6.15
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.031	44.60	1.39
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	499.44	249.72	.063	249.72	15.61
PRINCIPAL SURGEON	1	1	337.30	337.30	.031	337.30	10.54
ASSISTANT SURGEON	1	1	162.14	162.14	.031	162.14	5.07
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	13	1,184.58	91.12	.406	296.15	37.02
PRINCIPAL SURGEON	2	2	941.92	470.96	.063	470.96	29.44
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	11	242.66	22.06	.344	121.33	7.58
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	4	6.88	1.72	.125	1.72	.22
RADIOLOGY	9	30	3,019.19	100.64	.938	335.47	94.35
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	25	51	\$	2,812.00	\$	55.14	1.594	\$ 112.48	\$ 87.88
PRESCRIPTION DRUGS	25	51		2,812.00		55.14	1.594	112.48	87.88
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	25	51		2,812.00		55.14	1.594	112.48	87.88
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	1	2	\$	.00	\$	.00	.063	\$.00	\$.00
VISITS - DIAGNOSTIC	1	1		.00		.00	.031	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00		.00	.031	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
MARIN COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY								

PAGE 6,662
03/14/05

32 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	17	142	\$ 6,784.31	\$ 47.78	4.438	\$ 399.08	\$ 212.01
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	17	142		6,784.31		47.78	4.438	399.08	212.01
MEDICAL	3	3		114.95		38.32	.094	38.32	3.59
SURGERY	2	2		212.52		106.26	.063	106.26	6.64
PATHOLOGY	10	63		645.59		10.25	1.969	64.56	20.17
RADIOLOGY	9	50		5,165.53		103.31	1.563	573.95	161.42
ROOM USE	3	6		445.22		74.20	.188	148.41	13.91
CROSSOVERS/ALL OTH OUTPTNT	3	18		200.50		11.14	.563	66.83	6.27
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,663
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

	32 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	142	\$	6,784.31	\$ 47.78	4.438	\$ 399.08	\$ 212.01
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17	142		6,784.31	47.78	4.438	399.08	212.01
MEDICAL	3	3		114.95	38.32	.094	38.32	3.59
SURGERY	2	2		212.52	106.26	.063	106.26	6.64
PATHOLOGY	10	63		645.59	10.25	1.969	64.56	20.17
RADIOLOGY	9	50		5,165.53	103.31	1.563	573.95	161.42
ROOM USE	3	6		445.22	74.20	.188	148.41	13.91
CROSSOVERS/ALL OTH OUTPTNT	3	18		200.50	11.14	.563	66.83	6.27
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	3	4	\$	264.68	\$ 66.17	.125	\$ 88.23	\$ 8.27	
PATHOLOGY	2	3		218.14	72.71	.094	109.07	6.82	
XO AND OTHERS	1	1		46.54	46.54	.031	46.54	1.45	
@ORGANIZED OUTPATIENT CLINIC	9	22	\$	4,454.25	\$ 202.47	.688	\$ 494.92	\$ 139.20	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	9	22		4,454.25	202.47	.688	494.92	139.20	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 6,664
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY								AID CODES 0R 0T 0U 0V

						----- MONTHLY AVERAGE -----		
32 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,665
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

261 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	325	3,612	\$ 334,373.33	\$ 92.57	13.839	\$ 1028.84	\$ 1281.12
@PHYSICIANS SERVICES	183	940	\$ 57,795.12	\$ 61.48	3.602	\$ 315.82	\$ 221.44
OUTPATIENT VISITS	113	157	6,281.02	40.01	.602	55.58	24.07
OFFICE VISITS	92	125	5,015.00	40.12	.479	54.51	19.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	14	845.65	60.40	.054	60.40	3.24
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	16	18	420.37	23.35	.069	26.27	1.61
INPATIENT VISITS	3	8	353.80	44.23	.031	117.93	1.36
HOSPITAL VISITS	3	8	353.80	44.23	.031	117.93	1.36
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	96.22	48.11	.008	48.11	.37
EXAMINATIONS	2	2	96.22	48.11	.008	48.11	.37
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	13	107	7,744.76	72.38	.410	595.75	29.67
PRINCIPAL SURGEON	10	19	5,636.08	296.64	.073	563.61	21.59
ASSISTANT SURGEON	3	4	831.38	207.85	.015	277.13	3.19
ANESTHESIOLOGIST	4	84	1,277.30	15.21	.322	319.33	4.89
OUTPATIENT SURGERY	50	208	13,127.28	63.11	.797	262.55	50.30
PRINCIPAL SURGEON	34	49	9,433.69	192.52	.188	277.46	36.14

ASSISTANT SURGEON	1	1	210.72	210.72	.004	210.72	.81
ANESTHESIOLOGIST	23	158	3,482.87	22.04	.605	151.43	13.34
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	22	45	1,128.14	25.07	.172	51.28	4.32
RADIOLOGY	64	286	20,690.16	72.34	1.096	323.28	79.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	83	6,848.95	82.52	.318	3424.48	26.24
OTHER SERVICES/ALL X-OVERS	18	44	1,524.79	34.65	.169	84.71	5.84
@PHARMACY	177	482	\$ 41,827.41	\$ 86.78	1.847	\$ 236.31	\$ 160.26
PRESCRIPTION DRUGS	177	480	41,825.91	87.14	1.839	236.30	160.25
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	177	480	41,825.91	87.14	1.839	236.30	160.25
MEDICAL SUPPLIES	1	2	1.50	.75	.008	1.50	.01
@DENTIST	9	23	\$ 957.00	\$ 41.61	.088	\$ 106.33	\$ 3.67
VISITS - DIAGNOSTIC	7	15	399.00	26.60	.057	57.00	1.53
ORAL SURGERY	2	3	128.00	42.67	.011	64.00	.49
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	260.00	260.00	.004	260.00	1.00
RESTORATIVE DENTISTRY	2	3	170.00	56.67	.011	85.00	.65
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,666
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

261 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	3	6	\$ 195.46	\$ 32.58	.023	\$ 65.15	\$.75
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.011	47.45	.55
EYE APPLIANCES	1	3	53.11	17.70	.011	53.11	.20
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	11	\$ 778.73	\$ 70.79	.042	\$ 259.58	\$ 2.98
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	152	1,666	\$ 202,448.05	\$ 121.52	6.383	\$ 1331.90	\$ 775.66
HOSP INPATIENT TOTAL	10	34	54,767.58	1610.81	.130	5476.76	209.84
HSC HOSPITALS	10	33	53,999.00	1636.33	.126	5399.90	206.89
NON-HSC HOSPITAL TOTAL	1	1	768.58	768.58	.004	768.58	2.94
ACCOMMODATIONS	1	1	231.30	231.30	.004	231.30	.89

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	231.30	231.30	.004	231.30	.89
ANCILLARIES	1	0	537.28	.00	.000	537.28	2.06
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	149	1,632	147,680.47	90.49	6.253	991.14	565.83
MEDICAL	39	78	3,345.44	42.89	.299	85.78	12.82
SURGERY	35	37	2,342.06	63.30	.142	66.92	8.97
PATHOLOGY	69	335	3,105.02	9.27	1.284	45.00	11.90
RADIOLOGY	73	479	37,683.28	78.67	1.835	516.21	144.38
ROOM USE	56	106	5,753.18	54.28	.406	102.74	22.04
CROSSOVERS/ALL OTH OUTPTNT	54	597	95,451.49	159.89	2.287	1767.62	365.71
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,667
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

261 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	152	1,666	\$ 202,448.05	\$ 121.52	6.383	\$ 1331.90	\$ 775.66
COMM HOSP INPATIENT TOTAL	10	34	54,767.58	1610.81	.130	5476.76	209.84
HSC HOSPITALS	10	33	53,999.00	1636.33	.126	5399.90	206.89
NON-HSC HOSPITALS TOTAL	1	1	768.58	768.58	.004	768.58	2.94
ACCOMMODATIONS	1	1	231.30	231.30	.004	231.30	.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	231.30	231.30	.004	231.30	.89
ANCILLARIES	1	0	537.28	.00	.000	537.28	2.06
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	149	1,632	147,680.47	90.49	6.253	991.14	565.83
MEDICAL	39	78	3,345.44	42.89	.299	85.78	12.82
SURGERY	35	37	2,342.06	63.30	.142	66.92	8.97
PATHOLOGY	69	335	3,105.02	9.27	1.284	45.00	11.90
RADIOLOGY	73	479	37,683.28	78.67	1.835	516.21	144.38
ROOM USE	56	106	5,753.18	54.28	.406	102.74	22.04
CROSSOVERS/ALL OTH OUTPTNT	54	597	95,451.49	159.89	2.287	1767.62	365.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	66	303	\$	6,632.71	\$	21.89	1.161	\$	100.50
PATHOLOGY	63	293		6,107.10		20.84	1.123		96.94
XO AND OTHERS	9	10		525.61		52.56	.038		58.40
@ORGANIZED OUTPATIENT CLINIC	56	78	\$	10,336.00	\$	132.51	.299	\$	184.57
CLINIC	11	15		535.36		35.69	.057		48.67
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	46	63		9,800.64		155.57	.241		213.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,668
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

261 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	103	\$ 13,402.85	\$ 130.12	.395	\$ 1340.29	\$ 51.35
DURABLE MED. EQUIP.	2	2	791.93	395.97	.008	395.97	3.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	20	221.25	11.06	.077	44.25	.85
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	3	81	12,389.67	152.96	.310	4129.89	47.47
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00 \$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,669
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY	AID CODE 80	

59 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	1 \$	13.27	\$ 13.27	.017	\$ 13.27	\$.22
@PHYSICIANS SERVICES	0	0 \$	.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,670
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

59 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,671
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY	

59 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,672
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

59 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 13.27	\$ 13.27	.017 \$ 13.27 \$.22
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	13.27	13.27	.017	13.27	.22
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1	13.27	\$ 13.27	.017	\$ 13.27	\$.22

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 6,673

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

	2,434 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	899	2,555	\$	143,631.23	\$ 56.22	1.050	\$ 159.77	\$ 59.01
@PHYSICIANS SERVICES	231	429	\$	15,731.24	\$ 36.67	.176	\$ 68.10	\$ 6.46
OUTPATIENT VISITS	183	237		9,426.99	39.78	.097	51.51	3.87
OFFICE VISITS	93	133		4,336.92	32.61	.055	46.63	1.78
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	96	103		5,074.27	49.26	.042	52.86	2.08
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		15.80	15.80	.000	15.80	.01
INPATIENT VISITS	1	2		67.08	33.54	.001	67.08	.03
HOSPITAL VISITS	1	2		67.08	33.54	.001	67.08	.03
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	10	10		487.33	48.73	.004	48.73	.20
EXAMINATIONS	10	10		487.33	48.73	.004	48.73	.20
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		505.96	505.96	.000	505.96	.21
PRINCIPAL SURGEON	1	1		505.96	505.96	.000	505.96	.21
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	18	53		3,849.09	72.62	.022	213.84	1.58
PRINCIPAL SURGEON	14	16		2,782.33	173.90	.007	198.74	1.14
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	37		1,066.76	28.83	.015	177.79	.44
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	23	29		234.78	8.10	.012	10.21	.10
RADIOLOGY	31	40		465.12	11.63	.016	15.00	.19
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	6		105.92	17.65	.002	35.31	.04
OTHER SERVICES/ALL X-OVERS	25	51		588.97	11.55	.021	23.56	.24
@PHARMACY	260	430	\$	13,742.79	\$ 31.96	.177	\$ 52.86	\$ 5.65
PRESCRIPTION DRUGS	260	425		13,560.72	31.91	.175	52.16	5.57
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	260	425		13,560.72	31.91	.175	52.16	5.57

MEDICAL SUPPLIES	4	5		182.07	36.41	.002	45.52	.07
@DENTIST	114	348	\$	7,479.00	\$ 21.49	.143	\$ 65.61	\$ 3.07
VISITS - DIAGNOSTIC	83	248		3,842.00	15.49	.102	46.29	1.58
ORAL SURGERY	4	6		311.00	51.83	.002	77.75	.13
DRUGS	2	2		25.00	12.50	.001	12.50	.01
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	4	5		355.00	71.00	.002	88.75	.15
RESTORATIVE DENTISTRY	38	79		2,946.00	37.29	.032	77.53	1.21
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	7		.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,674	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
MARIN COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM						AID CODES 72 74 8N 8P	

					----- MONTHLY AVERAGE -----			
2,434 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	147	368	\$	31,443.00	85.44	.151	\$ 213.90	\$ 12.92
HOSP INPATIENT TOTAL	4	12		21,215.00	1767.92	.005	5303.75	8.72
HSC HOSPITALS	4	12		21,215.00	1767.92	.005	5303.75	8.72
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	143	356		10,228.00	28.73	.146	71.52	4.20
MEDICAL	18	24		897.24	37.39	.010	49.85	.37
SURGERY	7	8		596.76	74.60	.003	85.25	.25
PATHOLOGY	42	105		1,052.57	10.02	.043	25.06	.43
RADIOLOGY	30	36		966.83	26.86	.015	32.23	.40
ROOM USE	101	117		4,734.59	40.47	.048	46.88	1.95
CROSSOVERS/ALL OTH OUTPTNT	53	66		1,980.01	30.00	.027	37.36	.81
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,675
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

2,434 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	147	368	\$ 31,443.00	\$ 85.44	.151	\$ 213.90	\$ 12.92
COMM HOSP INPATIENT TOTAL	4	12	21,215.00	1767.92	.005	5303.75	8.72
HSC HOSPITALS	4	12	21,215.00	1767.92	.005	5303.75	8.72
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	143	356	10,228.00	28.73	.146	71.52	4.20
MEDICAL	18	24	897.24	37.39	.010	49.85	.37
SURGERY	7	8	596.76	74.60	.003	85.25	.25
PATHOLOGY	42	105	1,052.57	10.02	.043	25.06	.43
RADIOLOGY	30	36	966.83	26.86	.015	32.23	.40
ROOM USE	101	117	4,734.59	40.47	.048	46.88	1.95
CROSSOVERS/ALL OTH OUTPTNT	53	66	1,980.01	30.00	.027	37.36	.81
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	80	\$ 1,162.65	\$ 14.53	.033	\$ 232.53	\$.48
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	5	80	1,162.65	14.53	.033	232.53	.48
@LABORATORY FACILITY	20	35	\$ 347.07	\$ 9.92	.014	\$ 17.35	\$.14
PATHOLOGY	20	35	347.07	9.92	.014	17.35	.14
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	408	548	\$ 68,835.11	\$ 125.61	.225	\$ 168.71	\$ 28.28
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	408	548	68,835.11	125.61	.225	168.71	28.28

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,676
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

	2,434 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	39		317	\$ 4,890.37	\$ 15.43	.130	\$ 125.39	\$ 2.01
DURABLE MED. EQUIP.	2		2	193.06	96.53	.001	96.53	.08
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5		40	586.99	14.67	.016	117.40	.24
AMBULANCES/AIR TRANS	5		40	586.99	14.67	.016	117.40	.24
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	17	182.09	10.71	.007	60.70	.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	4	840.50	210.13	.002	840.50	.35
PROSTHETICS	1	4	840.50	210.13	.002	840.50	.35
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	28	254	3,087.73	12.16	.104	110.28	1.27
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	12	115	\$ 3,926.15	\$ 34.14	.047	\$ 327.18	\$ 1.61
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,677
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

1,173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	337	2,331	\$ 82,116.08	\$ 35.23	1.987	\$ 243.67	\$ 70.01
@PHYSICIANS SERVICES	93	189	\$ 9,572.17	\$ 50.65	.161	\$ 102.93	\$ 8.16
OUTPATIENT VISITS	62	75	2,913.88	38.85	.064	47.00	2.48
OFFICE VISITS	43	52	1,764.84	33.94	.044	41.04	1.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	21	21	1,084.08	51.62	.018	51.62	.92
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	64.96	32.48	.002	32.48	.06
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	7	302.61	43.23	.006	60.52	.26
EXAMINATIONS	5	7	302.61	43.23	.006	60.52	.26
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	3	159.00	53.00	.003	159.00	.14
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	159.00	53.00	.003	159.00	.14
OUTPATIENT SURGERY	17	38	4,491.51	118.20	.032	264.21	3.83
PRINCIPAL SURGEON	17	30	4,246.46	141.55	.026	249.79	3.62
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	245.05	30.63	.007	245.05	.21
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	12	153.25	12.77	.010	17.03	.13
RADIOLOGY	19	26	768.20	29.55	.022	40.43	.65
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	3	3		173.28	57.76	.003	57.76	.15
OTHER SERVICES/ALL X-OVERS	17	25		610.44	24.42	.021	35.91	.52
@PHARMACY	133	1,147	\$	22,204.33	\$ 19.36	.978	\$ 166.95	\$ 18.93
PRESCRIPTION DRUGS	126	271		18,449.37	68.08	.231	146.42	15.73
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	126	271		18,449.37	68.08	.231	146.42	15.73
MEDICAL SUPPLIES	14	876		3,754.96	4.29	.747	268.21	3.20
@DENTIST	53	165	\$	5,266.05	\$ 31.92	.141	\$ 99.36	\$ 4.49
VISITS - DIAGNOSTIC	37	115		2,089.00	18.17	.098	56.46	1.78
ORAL SURGERY	4	11		1,328.00	120.73	.009	332.00	1.13
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	3	3		402.00	134.00	.003	134.00	.34
RESTORATIVE DENTISTRY	22	36		1,447.05	40.20	.031	65.78	1.23
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
MARIN COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM							
				AID CODES 7A 7C 8R 8T				PAGE 6,678
								03/14/05

1,173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	6	14	\$ 302.57	\$ 21.61	.012	\$ 50.43	\$.26	
DIAGNOSTIC AND ANC. PROCED	4	6	184.79	30.80	.005	46.20	.16	
EYE APPLIANCES	3	8	117.78	14.72	.007	39.26	.10	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	.00	.00	.000	.00	.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	3	4	\$ 209.98	\$ 52.50	.003	\$ 69.99	\$.18	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	49	191	\$ 28,772.73	\$ 150.64	.163	\$ 587.20	\$ 24.53	
HOSP INPATIENT TOTAL	3	15	24,000.08	1600.01	.013	8000.03	20.46	
HSC HOSPITALS	3	15	24,000.08	1600.01	.013	8000.03	20.46	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

HOSP OUTPATIENT TOTAL	49	176	4,772.65	27.12	.150	97.40	4.07
MEDICAL	11	14	556.91	39.78	.012	50.63	.47
SURGERY	10	15	410.98	27.40	.013	41.10	.35
PATHOLOGY	19	73	797.63	10.93	.062	41.98	.68
RADIOLOGY	16	19	1,356.24	71.38	.016	84.77	1.16
ROOM USE	30	30	1,264.11	42.14	.026	42.14	1.08
CROSSOVERS/ALL OTH OUTPTNT	17	25	386.78	15.47	.021	22.75	.33
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,679
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						
	AID CODES 7A 7C 8R 8T						
	----- MONTHLY AVERAGE -----						
1,173 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	49	191	\$ 28,772.73	\$ 150.64	.163	\$ 587.20	\$ 24.53

COMM HOSP INPATIENT TOTAL	3	15		24,000.08	1600.01	.013	8000.03	20.46
HSC HOSPITALS	3	15		24,000.08	1600.01	.013	8000.03	20.46
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	49	176		4,772.65	27.12	.150	97.40	4.07
MEDICAL	11	14		556.91	39.78	.012	50.63	.47
SURGERY	10	15		410.98	27.40	.013	41.10	.35
PATHOLOGY	19	73		797.63	10.93	.062	41.98	.68
RADIOLOGY	16	19		1,356.24	71.38	.016	84.77	1.16
ROOM USE	30	30		1,264.11	42.14	.026	42.14	1.08
CROSSOVERS/ALL OTH OUTPTNT	17	25		386.78	15.47	.021	22.75	.33
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	27	91	\$	1,188.99	\$ 13.07	.078	\$ 44.04	\$ 1.01
PATHOLOGY	27	91		1,188.99	13.07	.078	44.04	1.01
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	92	397	\$	12,757.33	\$ 32.13	.338	\$ 138.67	\$ 10.88
CLINIC	40	331		4,378.88	13.23	.282	109.47	3.73
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	54	66		8,378.45	126.95	.056	155.16	7.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,680
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T							

----- MONTHLY AVERAGE -----								
1,173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	44	133	\$ 1,841.93	\$ 13.85	.113	\$ 41.86	\$ 1.57	
DURABLE MED. EQUIP.	1	2	37.74	18.87	.002	37.74	.03	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	1	2	128.08	64.04	.002	128.08	.11	

AMBULANCES/AIR TRANS	1	2	128.08	64.04	.002	128.08	.11
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.002	105.00	.18
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	22	257.08	11.69	.019	42.85	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	333.19	83.30	.003	166.60	.28
PROSTHETICS	1	3	233.53	77.84	.003	233.53	.20
ORTHOTICS	1	1	99.66	99.66	.001	99.66	.08
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	32	101	875.84	8.67	.086	27.37	.75
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	526	\$ 3,712.64	\$ 7.06	.448	\$ 464.08	\$ 3.17
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,681
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,986	13,304	\$ 399,588.61	\$ 30.04	.000	\$ 201.20	\$.00
@PHYSICIANS SERVICES	420	915	\$ 38,470.75	\$ 42.04	.000	\$ 91.60	\$.00
OUTPATIENT VISITS	245	407	24,340.77	59.81	.000	99.35	.00
OFFICE VISITS	96	95	2,152.21	22.65	.000	22.42	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	191	312	22,188.56	71.12	.000	116.17	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	40	56	2,474.80	44.19	.000	61.87	.00
PRINCIPAL SURGEON	40	54	2,381.35	44.10	.000	59.53	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	2	93.45	46.73	.000	46.73	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	144	232	991.15	4.27	.000	6.88	.00
RADIOLOGY	179	198	10,463.39	52.85	.000	58.45	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	15	22	200.64	9.12	.000	13.38	.00
@PHARMACY	275	510	\$ 14,581.89	\$ 28.59	.000	\$ 53.03	\$.00
PRESCRIPTION DRUGS	251	450	8,613.88	19.14	.000	34.32	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	251	450	8,613.88	19.14	.000	34.32	.00
MEDICAL SUPPLIES	29	60	5,968.01	99.47	.000	205.79	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,682
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	73	149	\$ 6,339.00	\$ 42.54	.000	\$ 86.84	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	73	149	6,339.00	42.54	.000	86.84	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	16	47	945.84	20.12	.000	59.12	.00
PATHOLOGY	19	29	607.36	20.94	.000	31.97	.00
RADIOLOGY	43	48	3,975.17	82.82	.000	92.45	.00
ROOM USE	20	24	801.52	33.40	.000	40.08	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.11	9.11	.000	9.11	.00
@COUNTY HOSPITAL TOTAL	1	7	\$ 298.29	\$ 42.61	.000	\$ 298.29	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	7	298.29	42.61	.000	298.29	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	53.15	53.15	.000	53.15	.00
PATHOLOGY	1	3	163.81	54.60	.000	163.81	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	72.22	36.11	.000	72.22	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.11	9.11	.000	9.11	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,683
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	72	142	\$ 6,040.71	\$ 42.54	.000	\$ 83.90	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	72	142	6,040.71	42.54	.000	83.90	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	15	46	892.69	19.41	.000	59.51	.00
PATHOLOGY	18	26	443.55	17.06	.000	24.64	.00
RADIOLOGY	43	48	3,975.17	82.82	.000	92.45	.00
ROOM USE	19	22	729.30	33.15	.000	38.38	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	772	1,883	\$	52,343.73	\$	27.80	.000	\$	67.80
PATHOLOGY	772	1,883		52,343.73		27.80	.000		67.80
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	1,307	9,761	\$	279,062.84	\$	28.59	.000	\$	213.51
CLINIC	1,301	9,753		277,478.59		28.45	.000		213.28
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	6	8		1,584.25		198.03	.000		264.04

#CALIF DEPT OF HEALTH SERV
 MOP024
 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

PAGE 6,684
 03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
----- MONTHLY AVERAGE -----							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	83	86	\$	8,790.40	\$ 102.21	.000	\$ 105.91	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	80	81		8,481.00	104.70	.000	106.01	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	3	5		309.40	61.88	.000	103.13	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,685
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MARIN COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00
OFFICE VISITS	0		0	.00	.00	.000	.00	.00
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00
EXAMINATIONS	0		0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,686
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,687
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,688
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$	.00	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,689
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N	

161 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	144	1,118	\$ 67,079.71	\$ 60.00	6.944	\$ 465.83	\$ 416.64
@PHYSICIANS SERVICES	37	121	\$ 8,514.22	\$ 70.37	.752	\$ 230.11	\$ 52.88
OUTPATIENT VISITS	9	16	1,104.99	69.06	.099	122.78	6.86
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	318.00	63.60	.031	63.60	1.98
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	11	786.99	71.54	.068	196.75	4.89
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	8	303.41	37.93	.050	101.14	1.88

HOSPITAL VISITS	3	8	303.41	37.93	.050	101.14	1.88
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	27	1,239.52	45.91	.168	206.59	7.70
PRINCIPAL SURGEON	2	2	625.35	312.68	.012	312.68	3.88
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	25	614.17	24.57	.155	153.54	3.81
OUTPATIENT SURGERY	12	14	4,370.75	312.20	.087	364.23	27.15
PRINCIPAL SURGEON	12	12	4,273.85	356.15	.075	356.15	26.55
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	2	96.90	48.45	.012	48.45	.60
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	6	23.52	3.92	.037	11.76	.15
RADIOLOGY	15	19	987.43	51.97	.118	65.83	6.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	15	116.28	7.75	.093	29.07	.72
OTHER SERVICES/ALL X-OVERS	6	16	368.32	23.02	.099	61.39	2.29
@PHARMACY	17	40	\$ 791.17	\$ 19.78	.248	\$ 46.54	\$ 4.91
PRESCRIPTION DRUGS	17	40	791.17	19.78	.248	46.54	4.91
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	17	40	791.17	19.78	.248	46.54	4.91
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,690
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

161 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	2	\$	104.99	\$ 52.50	.012	\$ 52.50	\$.65
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	23	106	\$	32,560.19	\$ 307.17	.658	\$ 1415.66	\$ 202.24
HOSP INPATIENT TOTAL	8	22		30,266.79	1375.76	.137	3783.35	187.99
HSC HOSPITALS	6	16		24,360.09	1522.51	.099	4060.02	151.30
NON-HSC HOSPITAL TOTAL	2	6		5,906.70	984.45	.037	2953.35	36.69
ACCOMMODATIONS	2	6		1,845.90	307.65	.037	922.95	11.47
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6		1,845.90	307.65	.037	922.95	11.47
ANCILLARIES	2	0		4,060.80	.00	.000	2030.40	25.22
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	17	84		2,293.40	27.30	.522	134.91	14.24
MEDICAL	1	2		54.26	27.13	.012	54.26	.34
SURGERY	3	6		179.64	29.94	.037	59.88	1.12
PATHOLOGY	10	34		590.62	17.37	.211	59.06	3.67
RADIOLOGY	4	6		349.64	58.27	.037	87.41	2.17
ROOM USE	9	17		875.46	51.50	.106	97.27	5.44
CROSSOVERS/ALL OTH OUTPTNT	7	19		243.78	12.83	.118	34.83	1.51
@COUNTY HOSPITAL TOTAL	6	56	\$	8,158.74	\$ 145.69	.348	\$ 1359.79	\$ 50.68
CO HOSPITAL INPATIENT TOTAL	1	5		6,760.03	1352.01	.031	6760.03	41.99
HSC HOSPITALS	1	5		6,760.03	1352.01	.031	6760.03	41.99
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	51		1,398.71	27.43	.317	279.74	8.69
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	3	6		179.64	29.94	.037	59.88	1.12
PATHOLOGY	3	19		399.94	21.05	.118	133.31	2.48
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	4	12		678.86	56.57	.075	169.72	4.22
CROSSOVERS/ALL OTH OUTPTNT	4	14		140.27	10.02	.087	35.07	.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
MARIN COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N							

----- MONTHLY AVERAGE -----								
161 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	17	50	\$ 24,401.45	\$ 488.03	.311	\$ 1435.38	\$ 151.56	
COMM HOSP INPATIENT TOTAL	7	17	23,506.76	1382.75	.106	3358.11	146.00	
HSC HOSPITALS	5	11	17,600.06	1600.01	.068	3520.01	109.32	
NON-HSC HOSPITALS TOTAL	2	6	5,906.70	984.45	.037	2953.35	36.69	
ACCOMMODATIONS	2	6	1,845.90	307.65	.037	922.95	11.47	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	

ALL OTHER ACCOM	2	6	1,845.90	307.65	.037	922.95	11.47
ANCILLARIES	2	0	4,060.80	.00	.000	2030.40	25.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12	33	894.69	27.11	.205	74.56	5.56
MEDICAL	1	2	54.26	27.13	.012	54.26	.34
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	15	190.68	12.71	.093	27.24	1.18
RADIOLOGY	4	6	349.64	58.27	.037	87.41	2.17
ROOM USE	5	5	196.60	39.32	.031	39.32	1.22
CROSSOVERS/ALL OTH OUTPTNT	3	5	103.51	20.70	.031	34.50	.64
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	28	58	1,057.77	18.24	.360	37.78	6.57
PATHOLOGY	28	58	1,057.77	18.24	.360	37.78	6.57
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	90	788	23,736.37	30.12	4.894	263.74	147.43
CLINIC	83	672	21,566.61	32.09	4.174	259.84	133.95
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	5	110	1,157.67	10.52	.683	231.53	7.19
RURAL HEALTH CLINIC	3	6	1,012.09	168.68	.037	337.36	6.29

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,692
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

161 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	3	315.00	\$ 105.00	.019	\$ 105.00	\$ 1.96
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	315.00	105.00	.019	105.00	1.96

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,693
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38

798 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	342	1,481	\$ 86,561.32	\$ 58.45	1.856	\$ 253.10	\$ 108.47
@PHYSICIANS SERVICES	108	449	\$ 34,254.16	\$ 76.29	.563	\$ 317.17	\$ 42.93
OUTPATIENT VISITS	79	107	3,832.61	35.82	.134	48.51	4.80
OFFICE VISITS	42	62	1,546.08	24.94	.078	36.81	1.94
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	37	38	1,802.13	47.42	.048	48.71	2.26
PREVENTIVE CARE	1	1	37.39	37.39	.001	37.39	.05
OB VISITS/COMPRE PERI	1	4	367.14	91.79	.005	367.14	.46
OTHER OUTPATIENT	2	2	79.87	39.94	.003	39.94	.10
INPATIENT VISITS	1	2	83.57	41.79	.003	83.57	.10
HOSPITAL VISITS	1	2	83.57	41.79	.003	83.57	.10
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	8	359.12	44.89	.010	51.30	.45
EXAMINATIONS	7	8	359.12	44.89	.010	51.30	.45
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	4	794.75	198.69	.005	264.92	1.00
PRINCIPAL SURGEON	2	2	683.52	341.76	.003	341.76	.86
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2	111.23	55.62	.003	111.23	.14
OUTPATIENT SURGERY	14	37	2,724.29	73.63	.046	194.59	3.41
PRINCIPAL SURGEON	11	16	2,240.23	140.01	.020	203.66	2.81
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	21	484.06	23.05	.026	121.02	.61
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	13	35	440.57	12.59	.044	33.89	.55
RADIOLOGY	20	28	990.66	35.38	.035	49.53	1.24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	4	200		24,427.53	122.14	.251	6106.88	30.61
OTHER SERVICES/ALL X-OVERS	7	28		601.06	21.47	.035	85.87	.75
@PHARMACY	129	270	\$	17,675.37	\$ 65.46	.338	\$ 137.02	\$ 22.15
PRESCRIPTION DRUGS	129	266		17,507.77	65.82	.333	135.72	21.94
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	129	266		17,507.77	65.82	.333	135.72	21.94
MEDICAL SUPPLIES	4	4		167.60	41.90	.005	41.90	.21
@DENTIST	38	151	\$	6,075.25	\$ 40.23	.189	\$ 159.88	\$ 7.61
VISITS - DIAGNOSTIC	26	89		1,326.25	14.90	.112	51.01	1.66
ORAL SURGERY	6	9		471.00	52.33	.011	78.50	.59
DRUGS	1	1		25.00	25.00	.001	25.00	.03
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.001	118.00	.15
ENDODONTICS	4	7		2,051.00	293.00	.009	512.75	2.57
RESTORATIVE DENTISTRY	15	43		2,084.00	48.47	.054	138.93	2.61
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,694
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES							
	AID CODE 38							
	----- MONTHLY AVERAGE -----							
798 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	5	11	\$	223.45	\$ 20.31	.014	\$ 44.69	\$.28
DIAGNOSTIC AND ANC. PROCED	2	2		94.90	47.45	.003	47.45	.12
EYE APPLIANCES	3	9		128.55	14.28	.011	42.85	.16
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	.003	\$	104.99	\$	.13
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	72	256	\$	13,675.81	\$	53.42	.321	\$	189.94	\$	17.14
HOSP INPATIENT TOTAL	3	4		6,904.64		1726.16	.005		2301.55		8.65
HSC HOSPITALS	2	2		3,200.01		1600.01	.003		1600.01		4.01
NON-HSC HOSPITAL TOTAL	1	2		3,704.63		1852.32	.003		3704.63		4.64
ACCOMMODATIONS	1	2		926.40		463.20	.003		926.40		1.16
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		926.40		463.20	.003		926.40		1.16
ANCILLARIES	1	0		2,778.23		.00	.000		2778.23		3.48
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	70	252		6,771.17		26.87	.316		96.73		8.49
MEDICAL	15	15		395.24		26.35	.019		26.35		.50
SURGERY	11	17		826.96		48.64	.021		75.18		1.04
PATHOLOGY	26	93		1,167.27		12.55	.117		44.90		1.46
RADIOLOGY	16	17		728.38		42.85	.021		45.52		.91
ROOM USE	49	61		2,700.20		44.27	.076		55.11		3.38
CROSSOVERS/ALL OTH OUTPTNT	27	49		953.12		19.45	.061		35.30		1.19
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,695
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	798 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	72	256	\$	13,675.81	\$ 53.42	.321	\$ 189.94	\$ 17.14

COMM HOSP INPATIENT TOTAL	3	4		6,904.64	1726.16	.005	2301.55	8.65
HSC HOSPITALS	2	2		3,200.01	1600.01	.003	1600.01	4.01
NON-HSC HOSPITALS TOTAL	1	2		3,704.63	1852.32	.003	3704.63	4.64
ACCOMMODATIONS	1	2		926.40	463.20	.003	926.40	1.16
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		926.40	463.20	.003	926.40	1.16
ANCILLARIES	1	0		2,778.23	.00	.000	2778.23	3.48
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	70	252		6,771.17	26.87	.316	96.73	8.49
MEDICAL	15	15		395.24	26.35	.019	26.35	.50
SURGERY	11	17		826.96	48.64	.021	75.18	1.04
PATHOLOGY	26	93		1,167.27	12.55	.117	44.90	1.46
RADIOLOGY	16	17		728.38	42.85	.021	45.52	.91
ROOM USE	49	61		2,700.20	44.27	.076	55.11	3.38
CROSSOVERS/ALL OTH OUTPTNT	27	49		953.12	19.45	.061	35.30	1.19
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	14	50	\$	908.51	18.17	.063	64.89	1.14
PATHOLOGY	14	50		908.51	18.17	.063	64.89	1.14
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	75	195	\$	12,047.00	61.78	.244	160.63	15.10
CLINIC	18	119		2,415.44	20.30	.149	134.19	3.03
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	58	76		9,631.56	126.73	.095	166.06	12.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 6,696
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38							

----- MONTHLY AVERAGE -----								
798 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	27	97	\$ 1,596.78	\$ 16.46	.122	\$ 59.14	\$ 2.00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	1	11	160.03	14.55	.014	160.03	.20	

AMBULANCES/AIR TRANS	1	11	160.03	14.55	.014	160.03	.20
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.13
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	16	162.28	10.14	.020	32.46	.20
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	11	588.75	53.52	.014	294.38	.74
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	17	57	572.71	10.05	.071	33.69	.72
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.001	8.01	.01
@CALIF. CHILDREN SERVICES*	5	14	\$ 1,673.49	\$ 119.54	.018	\$ 334.70	\$ 2.10
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,697
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

241 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	76	349	\$ 16,171.56	\$ 46.34	1.448	\$ 212.78	\$ 67.10
@PHYSICIANS SERVICES	20	36	\$ 1,470.31	\$ 40.84	.149	\$ 73.52	\$ 6.10
OUTPATIENT VISITS	16	22	924.85	42.04	.091	57.80	3.84
OFFICE VISITS	1	1	24.00	24.00	.004	24.00	.10
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	14	20	855.09	42.75	.083	61.08	3.55
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	45.76	45.76	.004	45.76	.19
INPATIENT VISITS	2	2	97.47	48.74	.008	48.74	.40
HOSPITAL VISITS	2	2	97.47	48.74	.008	48.74	.40
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	5	327.04	65.41	.021	109.01	1.36
PRINCIPAL SURGEON	3	5	327.04	65.41	.021	109.01	1.36

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	4	5		53.04	10.61	.021	13.26	.22
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2		67.91	33.96	.008	33.96	.28
@PHARMACY	54	128	\$	10,458.31	\$ 81.71	.531	\$ 193.67	\$ 43.40
PRESCRIPTION DRUGS	54	128		10,458.31	81.71	.531	193.67	43.40
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	54	128		10,458.31	81.71	.531	193.67	43.40
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	2	6	\$	213.00	\$ 35.50	.025	\$ 106.50	\$.88
VISITS - DIAGNOSTIC	2	4		120.00	30.00	.017	60.00	.50
ORAL SURGERY	1	1		45.00	45.00	.004	45.00	.19
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		48.00	48.00	.004	48.00	.20
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,698
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

241 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	17	65	\$ 1,353.29	\$ 20.82	.270	\$ 79.61	\$ 5.62
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	17	65	1,353.29	20.82	.270	79.61	5.62
MEDICAL	2	3	52.82	17.61	.012	26.41	.22
SURGERY	1	1	21.52	21.52	.004	21.52	.09
PATHOLOGY	5	19	146.88	7.73	.079	29.38	.61
RADIOLOGY	3	3	114.97	38.32	.012	38.32	.48
ROOM USE	14	23	825.83	35.91	.095	58.99	3.43
CROSSOVERS/ALL OTH OUTPTNT	10	16	191.27	11.95	.066	19.13	.79
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,699

241 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	65	\$ 1,353.29	\$ 20.82	.270	\$ 79.61	\$ 5.62
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17	65	1,353.29	20.82	.270	79.61	5.62
MEDICAL	2	3	52.82	17.61	.012	26.41	.22
SURGERY	1	1	21.52	21.52	.004	21.52	.09
PATHOLOGY	5	19	146.88	7.73	.079	29.38	.61
RADIOLOGY	3	3	114.97	38.32	.012	38.32	.48
ROOM USE	14	23	825.83	35.91	.095	58.99	3.43
CROSSOVERS/ALL OTH OUTPTNT	10	16	191.27	11.95	.066	19.13	.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	22	\$ 328.36	\$ 14.93	.091	\$ 54.73	\$ 1.36
PATHOLOGY	6	22	328.36	14.93	.091	54.73	1.36
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	7	\$ 1,202.55	\$ 171.79	.029	\$ 200.43	\$ 4.99
CLINIC	1	1	22.41	22.41	.004	22.41	.09
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	6	1,180.14	196.69	.025	236.03	4.90
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
MARIN COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P						

241 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

UNITS/DAYS

COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4	85	\$	1,145.74	\$ 13.48	.353	\$ 286.44	\$ 4.75
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	81		637.83	7.87	.336	212.61	2.65
AMBULANCES/AIR TRANS	3	81		637.83	7.87	.336	212.61	2.65
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	4		507.91	126.98	.017	507.91	2.11
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	5	\$	542.91	\$ 108.58	.021	\$ 271.46	\$ 2.25

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,701
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 MARIN COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	131	1,736	\$ 202,070.60	\$ 116.40	8.948	\$ 1542.52	\$ 1041.60
@PHYSICIANS SERVICES	17	29	\$ 351.38	\$ 12.12	.149	\$ 20.67	\$ 1.81
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00		.00		.00
ASSISTANT SURGEON	0	0		.00		.00		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00		.00		.00
ASSISTANT SURGEON	0	0		.00		.00		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00		.00		.00
DIALYSIS	0	0		.00		.00		.00		.00
PATHOLOGY	0	0		.00		.00		.00		.00
RADIOLOGY	0	0		.00		.00		.00		.00
PSYCHIATRY	0	0		.00		.00		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00		.00		.00
OTHER SERVICES/ALL X-OVERS	17	29		351.38		12.12		.149		20.67
@PHARMACY	86	299	\$	22,660.91	\$	75.79		1.541	\$	263.50
PRESCRIPTION DRUGS	86	298		22,659.27		76.04		1.536		263.48
SNF/ICF	24	110		6,624.69		60.22		.567		276.03
OUTPATIENTS	64	188		16,034.58		85.29		.969		250.54
MEDICAL SUPPLIES	1	1		1.64		1.64		.005		1.64
@DENTIST	11	21	\$	537.00	\$	25.57		.108	\$	48.82
VISITS - DIAGNOSTIC	9	16		234.00		14.63		.082		26.00
ORAL SURGERY	0	0		.00		.00		.000		.00
DRUGS	0	0		.00		.00		.000		.00
ANESTHESIA	0	0		.00		.00		.000		.00
PERIODONTICS	1	1		118.00		118.00		.005		118.00
ENDODONTICS	0	0		.00		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.00		.000		.00
PROSTHETICS	0	0		.00		.00		.000		.00
DENTURES, STAYPLATES	3	4		185.00		46.25		.021		61.67
SPACE MAINTAINERS	0	0		.00		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.00		.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,702
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1	3	\$ 42.85	\$ 14.28	.015	\$ 42.85	\$.22	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	1	3	42.85	14.28	.015	42.85	.22	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	2	2	\$ 19.59	\$ 9.80	.010	\$ 9.80	\$.10	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	2	2	19.59	9.80	.010	9.80	.10	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	8	31	\$	1,328.09	\$	42.84	.160	\$	166.01	\$	6.85
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8	31		1,328.09		42.84	.160		166.01		6.85
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	8	31		1,328.09		42.84	.160		166.01		6.85
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,703
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	31	\$ 1,328.09	\$ 42.84	.160	\$ 166.01	\$ 6.85
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	31	1,328.09	42.84	.160	166.01	6.85
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	8	31		1,328.09	42.84	.160	166.01	6.85
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	40	1,117	\$	151,691.31	\$ 135.80	5.758	\$ 3792.28	\$ 781.91
LEV A-INTERMEDIATE	1	81		7,252.74	89.54	.418	7252.74	37.39
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	39	1,036		144,438.57	139.42	5.340	3703.55	744.53
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	12	\$	582.09	\$ 48.51	.062	\$ 58.21	\$ 3.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
MARIN COUNTY

10 12 582.09 48.51 .062 58.21 3.00
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

AID CODE 1E
PAGE 6,704
03/14/05

194 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	20	222	\$ 24,857.38	\$ 111.97	1.144	\$ 1242.87	\$ 128.13
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	153.39	76.70	.010	76.70	.79
MEDICAL TRANSPORTATION	2	24	315.16	13.13	.124	157.58	1.62
AMBULANCES/AIR TRANS	2	23	288.87	12.56	.119	144.44	1.49
OTHER TRANS	1	1	26.29	26.29	.005	26.29	.14
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	2	4	86.50	21.63	.021	43.25	.45
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	66.40	11.07	.031	22.13	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.66	.66	.005	.66	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	8	1,272.88	159.11	.041	424.29	6.56
HOSPICE SERVICES	5	175	22,952.56	131.16	.902	4590.51	118.31
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	9.83	4.92	.010	4.92	.05
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	29	68	\$ 4,894.76	\$ 71.98	.351	\$ 168.78	\$ 25.23

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND

AID CODE 2E
PAGE 6,705
03/14/05

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	32	1,347	\$ 51,545.49	\$ 38.27	29.933	\$ 1610.80	\$ 1145.46
@PHYSICIANS SERVICES	4	14	\$ 92.19	\$ 6.59	.311	\$ 23.05	\$ 2.05
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00

HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	14		92.19	6.59	.311	23.05	2.05
@PHARMACY	21	401	\$	4,602.14	\$ 11.48	8.911	\$ 219.15	\$ 102.27
PRESCRIPTION DRUGS	21	80		4,255.70	53.20	1.778	202.65	94.57
SNF/ICF	7	45		2,038.85	45.31	1.000	291.26	45.31
OUTPATIENTS	16	35		2,216.85	63.34	.778	138.55	49.26
MEDICAL SUPPLIES	3	321		346.44	1.08	7.133	115.48	7.70
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,706
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	4	\$ 1.64	\$.41	.089	\$.82	\$.04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	2	4		1.64		.41	.089	.82	.04
@HOME HEALTH AGENCY	2	571	\$	16,825.15	\$	29.47	12.689	\$ 8412.58	\$ 373.89
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	2	\$	885.94	\$	442.97	.044	\$ 442.97	\$ 19.69
HOSP INPATIENT TOTAL	1	0		840.00		.00	.000	840.00	18.67
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		840.00		.00	.000	840.00	18.67
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	2		45.94		22.97	.044	45.94	1.02
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2		45.94		22.97	.044	45.94	1.02
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,707
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	2	\$ 885.94	\$ 442.97	.044	\$ 442.97	\$ 19.69
COMM HOSP INPATIENT TOTAL	1	0	840.00	.00	.000	840.00	18.67
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		840.00		.00	.000	840.00	18.67
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	2		45.94		22.97	.044	45.94	1.02
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2		45.94		22.97	.044	45.94	1.02
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	10	169	\$	26,076.18	\$	154.30	3.756	2607.62	579.47
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	10	169		26,076.18		154.30	3.756	2607.62	579.47
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	1	2	\$	42.38	\$	21.19	.044	42.38	.94
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	1	2		42.38		21.19	.044	42.38	.94
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	29.52	\$	29.52	.022	29.52	.66
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		29.52		29.52	.022	29.52	.66

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,708
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MARIN COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	183	\$ 2,990.35	\$ 16.34	4.067	\$ 373.79	\$ 66.45
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.022	25.00	.56
MEDICAL TRANSPORTATION	2	21	385.38	18.35	.467	192.69	8.56
AMBULANCES/AIR TRANS	2	21	385.38	18.35	.467	192.69	8.56
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	.42	.21	.044	.42	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	3	397.11	132.37	.067	397.11	8.82
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	156	2,182.44	13.99	3.467	727.48	48.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	5	8	\$ 414.98	\$ 51.87	.178	\$ 83.00	\$ 9.22
@XOVER EXCLUDING STATE HOSP**	11	22	\$ 4,310.64	\$ 195.94	.489	\$ 391.88	\$ 95.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,709
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E	

831 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	490	6,326	\$ 420,193.00	\$ 66.42	7.613	\$ 857.54	\$ 505.65
@PHYSICIANS SERVICES	101	275	\$ 10,600.53	\$ 38.55	.331	\$ 104.96	\$ 12.76
OUTPATIENT VISITS	49	82	3,088.23	37.66	.099	63.03	3.72
OFFICE VISITS	25	44	1,216.85	27.66	.053	48.67	1.46

HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	23	30		1,535.50	51.18	.036	66.76	1.85	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	7	8		335.88	41.99	.010	47.98	.40	
INPATIENT VISITS	7	22		975.61	44.35	.026	139.37	1.17	
HOSPITAL VISITS	3	16		792.48	49.53	.019	264.16	.95	
CRITICAL CARE	0	0		.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	4	6		183.13	30.52	.007	45.78	.22	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	4	15		889.20	59.28	.018	222.30	1.07	
PRINCIPAL SURGEON	1	1		454.58	454.58	.001	454.58	.55	
ASSISTANT SURGEON	1	1		121.61	121.61	.001	121.61	.15	
ANESTHESIOLOGIST	2	13		313.01	24.08	.016	156.51	.38	
OUTPATIENT SURGERY	7	23		639.56	27.81	.028	91.37	.77	
PRINCIPAL SURGEON	6	6		253.79	42.30	.007	42.30	.31	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	17		385.77	22.69	.020	385.77	.46	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	7	20		204.46	10.22	.024	29.21	.25	
RADIOLOGY	26	45		2,913.47	64.74	.054	112.06	3.51	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	1	1		43.83	43.83	.001	43.83	.05	
OTHER SERVICES/ALL X-OVERS	37	67		1,846.17	27.55	.081	49.90	2.22	
@PHARMACY	322	1,307	\$	151,882.39	\$ 116.21	1.573	\$ 471.68	\$ 182.77	
PRESCRIPTION DRUGS	317	1,253		150,757.96	120.32	1.508	475.58	181.42	
SNF/ICF	61	475		52,569.71	110.67	.572	861.80	63.26	
OUTPATIENTS	258	778		98,188.25	126.21	.936	380.57	118.16	
MEDICAL SUPPLIES	12	54		1,124.43	20.82	.065	93.70	1.35	
@DENTIST	40	127	\$	4,901.00	\$ 38.59	.153	\$ 122.53	\$ 5.90	
VISITS - DIAGNOSTIC	32	83		1,487.00	17.92	.100	46.47	1.79	
ORAL SURGERY	5	21		1,014.00	48.29	.025	202.80	1.22	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	3	3		280.00	93.33	.004	93.33	.34	
ENDODONTICS	1	1		330.00	330.00	.001	330.00	.40	
RESTORATIVE DENTISTRY	9	17		1,740.00	102.35	.020	193.33	2.09	
PROSTHETICS	1	1		50.00	50.00	.001	50.00	.06	
DENTURES, STAYPLATES	1	1		.00	.00	.001	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 6,710
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E								

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	3	\$	49.89	\$	16.63	.004	\$	16.63	\$	.06
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	3		49.89		16.63	.004		16.63		.06
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	.002	\$	104.99	\$	.13
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	88	605	\$	34,115.60	\$	56.39	.728	\$	387.68	\$	41.05
HOSP INPATIENT TOTAL	8	12		22,028.00		1835.67	.014		2753.50		26.51
HSC HOSPITALS	4	12		18,560.00		1546.67	.014		4640.00		22.33
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4	0		3,468.00		.00	.000		867.00		4.17
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	85	593		12,087.60		20.38	.714		142.21		14.55
MEDICAL	19	40		1,700.92		42.52	.048		89.52		2.05
SURGERY	7	8		999.13		124.89	.010		142.73		1.20
PATHOLOGY	31	199		2,502.37		12.57	.239		80.72		3.01
RADIOLOGY	23	26		2,187.38		84.13	.031		95.10		2.63
ROOM USE	34	43		1,489.71		34.64	.052		43.82		1.79
CROSSOVERS/ALL OTH OUTPTNT	49	277		3,208.09		11.58	.333		65.47		3.86
@COUNTY HOSPITAL TOTAL	11	51	\$	3,308.51	\$	64.87	.061	\$	300.77	\$	3.98
CO HOSPITAL INPATIENT TOTAL	1	2		2,260.00		1130.00	.002		2260.00		2.72
HSC HOSPITALS	1	2		2,260.00		1130.00	.002		2260.00		2.72
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	11	49		1,048.51		21.40	.059		95.32		1.26
MEDICAL	5	5		193.35		38.67	.006		38.67		.23
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	5		66.78		13.36	.006		22.26		.08
RADIOLOGY	2	2		53.47		26.74	.002		26.74		.06
ROOM USE	6	6		217.86		36.31	.007		36.31		.26
CROSSOVERS/ALL OTH OUTPTNT	7	31		517.05		16.68	.037		73.86		.62

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,711
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	831 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	79		554	\$ 30,807.09	\$ 55.61	.667	\$ 389.96	\$ 37.07

COMM HOSP INPATIENT TOTAL	7	10		19,768.00	1976.80	.012	2824.00	23.79
HSC HOSPITALS	3	10		16,300.00	1630.00	.012	5433.33	19.61
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	0		3,468.00	.00	.000	867.00	4.17
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	76	544		11,039.09	20.29	.655	145.25	13.28
MEDICAL	14	35		1,507.57	43.07	.042	107.68	1.81
SURGERY	7	8		999.13	124.89	.010	142.73	1.20
PATHOLOGY	28	194		2,435.59	12.55	.233	86.99	2.93
RADIOLOGY	21	24		2,133.91	88.91	.029	101.61	2.57
ROOM USE	30	37		1,271.85	34.37	.045	42.40	1.53
CROSSOVERS/ALL OTH OUTPTNT	44	246		2,691.04	10.94	.296	61.16	3.24
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	37	799	\$	121,090.52	151.55	.961	3272.72	145.72
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	4	130		17,032.98	131.02	.156	4258.25	20.50
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	33	669		104,057.54	155.54	.805	3153.26	125.22
@INTERMEDIATE CARE FACIL.-DD	11	408	\$	71,237.00	174.60	.491	6476.09	85.72
ICF DDH	11	408		71,237.00	174.60	.491	6476.09	85.72
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	7	\$	3,285.12	469.30	.008	547.52	3.95
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	7		3,285.12	469.30	.008	547.52	3.95
@REHABILITATION FACILITY	2	8	\$	334.67	41.83	.010	167.34	.40
HOSPITAL BASED	2	8		334.67	41.83	.010	167.34	.40
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	100	\$	911.58	9.12	.120	43.41	1.10
PATHOLOGY	20	96		876.28	9.13	.116	43.81	1.05
XO AND OTHERS	1	4		35.30	8.83	.005	35.30	.04
@ORGANIZED OUTPATIENT CLINIC	44	82	\$	5,467.04	66.67	.099	124.25	6.58
CLINIC	12	45		1,264.88	28.11	.054	105.41	1.52
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	32	37		4,202.16	113.57	.045	131.32	5.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,712
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
831 ELIGIBLES							
@ALL OTHER PROVIDERS	60	2,603	\$ 16,212.67	\$ 6.23	3.132	\$ 270.21	\$ 19.51
DURABLE MED. EQUIP.	7	32	2,567.14	80.22	.039	366.73	3.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	63	1,309.56	20.79	.076	109.13	1.58

AMBULANCES/AIR TRANS	12	63	1,309.56	20.79	.076	109.13	1.58
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	3	4	75.69	18.92	.005	25.23	.09
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	.13
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	12	136.98	11.42	.014	27.40	.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	59.36	29.68	.002	59.36	.07
PROSTHETIST/ORTHOTISTS	3	31	5,897.93	190.26	.037	1965.98	7.10
PROSTHETICS	3	31	5,897.93	190.26	.037	1965.98	7.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	33	1,254.49	38.01	.040	156.81	1.51
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	303	3,867.95	12.77	.365	276.28	4.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	2,122	938.57	.44	2.554	104.29	1.13
@CALIF. CHILDREN SERVICES*	13	105	\$ 6,735.79	\$ 64.15	.126	\$ 518.14	\$ 8.11
@XOVER EXCLUDING STATE HOSP**	65	1,807	\$ 23,061.81	\$ 12.76	2.174	\$ 354.80	\$ 27.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 6,713
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

1,070 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	653	9,409	\$ 673,809.09	\$ 71.61	8.793	\$ 1031.87	\$ 629.73
@PHYSICIANS SERVICES	122	318	\$ 11,044.10	\$ 34.73	.297	\$ 90.53	\$ 10.32
OUTPATIENT VISITS	49	82	3,088.23	37.66	.077	63.03	2.89
OFFICE VISITS	25	44	1,216.85	27.66	.041	48.67	1.14
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	23	30	1,535.50	51.18	.028	66.76	1.44
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	7	8	335.88	41.99	.007	47.98	.31
INPATIENT VISITS	7	22	975.61	44.35	.021	139.37	.91
HOSPITAL VISITS	3	16	792.48	49.53	.015	264.16	.74
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	4	6	183.13	30.52	.006	45.78	.17
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	15	889.20	59.28	.014	222.30	.83
PRINCIPAL SURGEON	1	1	454.58	454.58	.001	454.58	.42
ASSISTANT SURGEON	1	1	121.61	121.61	.001	121.61	.11
ANESTHESIOLOGIST	2	13	313.01	24.08	.012	156.51	.29
OUTPATIENT SURGERY	7	23	639.56	27.81	.021	91.37	.60
PRINCIPAL SURGEON	6	6	253.79	42.30	.006	42.30	.24

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	17		385.77	22.69	.016	385.77	.36
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	20		204.46	10.22	.019	29.21	.19
RADIOLOGY	26	45		2,913.47	64.74	.042	112.06	2.72
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		43.83	43.83	.001	43.83	.04
OTHER SERVICES/ALL X-OVERS	58	110		2,289.74	20.82	.103	39.48	2.14
@PHARMACY	429	2,007	\$	179,145.44	\$ 89.26	1.876	\$ 417.59	\$ 167.43
PRESCRIPTION DRUGS	424	1,631		177,672.93	108.93	1.524	419.04	166.05
SNF/ICF	92	630		61,233.25	97.20	.589	665.58	57.23
OUTPATIENTS	338	1,001		116,439.68	116.32	.936	344.50	108.82
MEDICAL SUPPLIES	16	376		1,472.51	3.92	.351	92.03	1.38
@DENTIST	51	148	\$	5,438.00	\$ 36.74	.138	\$ 106.63	\$ 5.08
VISITS - DIAGNOSTIC	41	99		1,721.00	17.38	.093	41.98	1.61
ORAL SURGERY	5	21		1,014.00	48.29	.020	202.80	.95
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	4	4		398.00	99.50	.004	99.50	.37
ENDODONTICS	1	1		330.00	330.00	.001	330.00	.31
RESTORATIVE DENTISTRY	9	17		1,740.00	102.35	.016	193.33	1.63
PROSTHETICS	1	1		50.00	50.00	.001	50.00	.05
DENTURES, STAYPLATES	4	5		185.00	37.00	.005	46.25	.17
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
 MOP024
 MARIN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 6,714
 03/14/05

----- MONTHLY AVERAGE -----

1,070 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 42.85	\$ 14.28	.003	\$ 42.85	\$.04
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	42.85	14.28	.003	42.85	.04
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	7	9	\$ 71.12	\$ 7.90	.008	\$ 10.16	\$.07
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	7	9	71.12	7.90	.008	10.16	.07
@HOME HEALTH AGENCY	3	573	\$ 16,930.14	\$ 29.55	.536	\$ 5643.38	\$ 15.82
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	98	638	\$ 36,329.63	\$ 56.94	.596	\$ 370.71	\$ 33.95
HOSP INPATIENT TOTAL	9	12	22,868.00	1905.67	.011	2540.89	21.37
HSC HOSPITALS	4	12	18,560.00	1546.67	.011	4640.00	17.35
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	0	4,308.00	.00	.000	861.60	4.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	94	626	13,461.63	21.50	.585	143.21	12.58
MEDICAL	19	40	1,700.92	42.52	.037	89.52	1.59
SURGERY	7	8	999.13	124.89	.007	142.73	.93
PATHOLOGY	31	199	2,502.37	12.57	.186	80.72	2.34
RADIOLOGY	23	26	2,187.38	84.13	.024	95.10	2.04
ROOM USE	34	43	1,489.71	34.64	.040	43.82	1.39
CROSSOVERS/ALL OTH OUTPTNT	58	310	4,582.12	14.78	.290	79.00	4.28
@COUNTY HOSPITAL TOTAL	11	51	\$ 3,308.51	\$ 64.87	.048	\$ 300.77	\$ 3.09
CO HOSPITAL INPATIENT TOTAL	1	2	2,260.00	1130.00	.002	2260.00	2.11
HSC HOSPITALS	1	2	2,260.00	1130.00	.002	2260.00	2.11
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	49	1,048.51	21.40	.046	95.32	.98
MEDICAL	5	5	193.35	38.67	.005	38.67	.18
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	66.78	13.36	.005	22.26	.06
RADIOLOGY	2	2	53.47	26.74	.002	26.74	.05
ROOM USE	6	6	217.86	36.31	.006	36.31	.20
CROSSOVERS/ALL OTH OUTPTNT	7	31	517.05	16.68	.029	73.86	.48

1,070 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	89	587	\$ 33,021.12	\$ 56.25	.549	\$ 371.02	\$ 30.86
COMM HOSP INPATIENT TOTAL	8	10	20,608.00	2060.80	.009	2576.00	19.26
HSC HOSPITALS	3	10	16,300.00	1630.00	.009	5433.33	15.23
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	0	4,308.00	.00	.000	861.60	4.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	85	577	12,413.12	21.51	.539	146.04	11.60
MEDICAL	14	35	1,507.57	43.07	.033	107.68	1.41
SURGERY	7	8	999.13	124.89	.007	142.73	.93
PATHOLOGY	28	194	2,435.59	12.55	.181	86.99	2.28
RADIOLOGY	21	24	2,133.91	88.91	.022	101.61	1.99
ROOM USE	30	37	1,271.85	34.37	.035	42.40	1.19
CROSSOVERS/ALL OTH OUTPTNT	53	279	4,065.07	14.57	.261	76.70	3.80
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	87	2,085	\$ 298,858.01	\$ 143.34	1.949	\$ 3435.15	\$ 279.31
LEV A-INTERMEDIATE	1	81	7,252.74	89.54	.076	7252.74	6.78
LEV B-REHAB MD	4	130	17,032.98	131.02	.121	4258.25	15.92
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	82	1,874	274,572.29	146.52	1.751	3348.44	256.61
@INTERMEDIATE CARE FACIL.-DD	11	408	\$ 71,237.00	\$ 174.60	.381	\$ 6476.09	\$ 66.58
ICF DDH	11	408	71,237.00	174.60	.381	6476.09	66.58
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	7	\$ 3,285.12	\$ 469.30	.007	\$ 547.52	\$ 3.07
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	7	3,285.12	469.30	.007	547.52	3.07
@REHABILITATION FACILITY	3	10	\$ 377.05	\$ 37.71	.009	\$ 125.68	\$.35
HOSPITAL BASED	2	8	334.67	41.83	.007	167.34	.31
INDEPENDENT FACILITY	1	2	42.38	21.19	.002	42.38	.04
@LABORATORY FACILITY	21	100	\$ 911.58	\$ 9.12	.093	\$ 43.41	\$.85
PATHOLOGY	20	96	876.28	9.13	.090	43.81	.82
XO AND OTHERS	1	4	35.30	8.83	.004	35.30	.03
@ORGANIZED OUTPATIENT CLINIC	55	95	\$ 6,078.65	\$ 63.99	.089	\$ 110.52	\$ 5.68
CLINIC	12	45	1,264.88	28.11	.042	105.41	1.18
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	43	50	4,813.77	96.28	.047	111.95	4.50

#CALIF DEPT OF HEALTH SERV MOP024 MARIN COUNTY
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

1,070 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

MONTHLY AVERAGE
UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	88	3,008	\$	44,060.40	\$ 14.65	2.811	\$ 500.69	\$ 41.18
DURABLE MED. EQUIP.	7	32		2,567.14	80.22	.030	366.73	2.40
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3		178.39	59.46	.003	59.46	.17
MEDICAL TRANSPORTATION	16	108		2,010.10	18.61	.101	125.63	1.88
AMBULANCES/AIR TRANS	16	107		1,983.81	18.54	.100	123.99	1.85
OTHER TRANS	1	1		26.29	26.29	.001	26.29	.02
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	5	8		162.19	20.27	.007	32.44	.15
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.001	105.00	.10
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	8	18		203.38	11.30	.017	25.42	.19
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	3	5		60.44	12.09	.005	20.15	.06
PROSTHETIST/ORTHOTISTS	3	31		5,897.93	190.26	.029	1965.98	5.51
PROSTHETICS	3	31		5,897.93	190.26	.029	1965.98	5.51
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	41		2,527.37	61.64	.038	229.76	2.36
HOSPICE SERVICES	6	178		23,349.67	131.18	.166	3891.61	21.82
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	17	459		6,050.39	13.18	.429	355.91	5.65
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	2,124		948.40	.45	1.985	86.22	.89
@CALIF. CHILDREN SERVICES*	18	113	\$	7,150.77	\$ 63.28	.106	\$ 397.27	\$ 6.68
@XOVER EXCLUDING STATE HOSP**	105	1,897	\$	32,267.21	\$ 17.01	1.773	\$ 307.31	\$ 30.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,717
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	183,693 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	101,225		1,805,720	\$ 72,036,690.27	\$ 39.89	9.830	\$ 711.65	\$ 392.16
@PHYSICIANS SERVICES	26,253		71,025	\$ 3,294,623.15	\$ 46.39	.387	\$ 125.50	\$ 17.94
OUTPATIENT VISITS	13,344		17,604	760,392.64	43.19	.096	56.98	4.14
OFFICE VISITS	6,772		8,877	287,670.10	32.41	.048	42.48	1.57
HOME VISITS	65		72	2,691.30	37.38	.000	41.40	.01
EMERGENCY ROOM	6,557		7,675	418,868.25	54.58	.042	63.88	2.28
PREVENTIVE CARE	21		22	902.65	41.03	.000	42.98	.00
OB VISITS/COMPRI PERI	316		549	38,145.97	69.48	.003	120.72	.21
OTHER OUTPATIENT	342		409	12,114.37	29.62	.002	35.42	.07
INPATIENT VISITS	1,679		6,182	325,884.85	52.72	.034	194.09	1.77
HOSPITAL VISITS	1,383		5,107	228,414.81	44.73	.028	165.16	1.24
CRITICAL CARE	166		660	83,983.12	127.25	.004	505.92	.46
SNF/ICF/TRANS IP CARE	265		415	13,486.92	32.50	.002	50.89	.07
OPHTHALMOLOGICAL SERVICES	588		715	29,729.93	41.58	.004	50.56	.16
EXAMINATIONS	588		715	29,729.93	41.58	.004	50.56	.16
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	963	6,682	402,766.33	60.28	.036	418.24	2.19
PRINCIPAL SURGEON	533	760	267,592.84	352.10	.004	502.05	1.46
ASSISTANT SURGEON	77	78	14,274.96	183.01	.000	185.39	.08
ANESTHESIOLOGIST	463	5,844	120,898.53	20.69	.032	261.12	.66
OUTPATIENT SURGERY	2,760	5,921	614,127.66	103.72	.032	222.51	3.34
PRINCIPAL SURGEON	2,403	3,260	545,440.77	167.31	.018	226.98	2.97
ASSISTANT SURGEON	16	16	2,472.11	154.51	.000	154.51	.01
ANESTHESIOLOGIST	452	2,645	66,214.78	25.03	.014	146.49	.36
DIALYSIS	89	218	31,015.98	142.28	.001	348.49	.17
PATHOLOGY	1,374	3,675	27,963.76	7.61	.020	20.35	.15
RADIOLOGY	6,014	9,779	368,381.69	37.67	.053	61.25	2.01
PSYCHIATRY	3	3	110.26	36.75	.000	36.75	.00
IMMUNIZATION AND INJECTION	232	1,010	67,727.99	67.06	.005	291.93	.37
OTHER SERVICES/ALL X-OVERS	8,103	19,236	666,522.06	34.65	.105	82.26	3.63
@PHARMACY	59,325	795,809	\$ 25,319,967.85	\$ 31.82	4.332	\$ 426.80	\$ 137.84
PRESCRIPTION DRUGS	58,361	216,868	21,839,713.90	100.71	1.181	374.22	118.89
SNF/ICF	5,140	34,718	3,274,277.31	94.31	.189	637.02	17.82
OUTPATIENTS	53,749	182,150	18,565,436.59	101.92	.992	345.41	101.07
MEDICAL SUPPLIES	4,116	578,941	3,480,253.95	6.01	3.152	845.54	18.95
@DENTIST	8,714	30,027	\$ 971,809.53	\$ 32.36	.163	\$ 111.52	\$ 5.29
VISITS - DIAGNOSTIC	6,421	20,462	326,429.15	15.95	.111	50.84	1.78
ORAL SURGERY	932	2,084	105,610.89	50.68	.011	113.32	.57
DRUGS	132	155	3,175.00	20.48	.001	24.05	.02
ANESTHESIA	21	22	2,075.00	94.32	.000	98.81	.01
PERIODONTICS	339	375	39,894.27	106.38	.002	117.68	.22
ENDODONTICS	415	564	86,259.63	152.94	.003	207.85	.47
RESTORATIVE DENTISTRY	2,375	5,055	263,944.26	52.21	.028	111.13	1.44
PROSTHETICS	64	66	1,852.50	28.07	.000	28.95	.01
DENTURES, STAYPLATES	401	964	131,695.08	136.61	.005	328.42	.72
SPACE MAINTAINERS	32	41	3,440.00	83.90	.000	107.50	.02
MAXILLOFACIAL SERVICES	15	17	637.50	37.50	.000	42.50	.00
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00	.00
ORTHODONTIC SERVICES	65	71	5,425.00	76.41	.000	83.46	.03
ALL OTHER SERVICES	162	150	671.25	4.48	.001	4.14	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 6,718
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
MARIN COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED						

183,693 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		-----	
						UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	951	2,393	\$	58,941.59	\$ 24.63	.013	\$ 61.98	\$	.32
DIAGNOSTIC AND ANC. PROCED	616	669		27,661.77	41.35	.004	44.91		.15
EYE APPLIANCES	555	1,678		29,057.63	17.32	.009	52.36		.16
OTHER OPTOMETRIC SERVICES	50	46		2,222.19	48.31	.000	44.44		.01
@CHIROPRACTOR	20	49	\$	735.08	\$ 15.00	.000	\$ 36.75	\$	.00
VISITS	14	41		631.18	15.39	.000	45.08		.00
OTHER SERVICES	6	8		103.90	12.99	.000	17.32		.00
@PODIATRIST	872	1,149	\$	15,756.99	\$ 13.71	.006	\$ 18.07	\$	.09
MEDICINE/INJECTIONS	280	316		8,996.49	28.47	.002	32.13		.05
SURGERY/ANES.	16	21		794.51	37.83	.000	49.66		.00
RADIO./PATHOLOGY	6	9		162.62	18.07	.000	27.10		.00
OTHER	585	803		5,803.37	7.23	.004	9.92		.03
@HOME HEALTH AGENCY	895	8,363	\$	263,081.33	\$ 31.46	.046	\$ 293.95	\$	1.43
NURSE ANESTHESIST	1	3	\$	80.00	\$ 26.67	.000	\$ 80.00	\$	.00
NURSE MIDWIFE	26	236	\$	6,650.54	\$ 28.18	.001	\$ 255.79	\$	.04
PEDIATRIC NURSE PRACTITIONER	2	2	\$	80.00	\$ 40.00	.000	\$ 40.00	\$	.00

FAMILY NURSE PRACTITIONER	22	56	\$	667.79	\$	11.92	.000	\$	30.35	\$	.00
@TOTAL HOSPITAL	17,010	74,325	\$	14,347,575.76	\$	193.04	.405	\$	843.48	\$	78.11
HOSP INPATIENT TOTAL	2,153	7,422		11,964,839.08		1612.08	.040		5557.29		65.13
HSC HOSPITALS	1,680	6,653		10,662,650.26		1602.68	.036		6346.82		58.05
NON-HSC HOSPITAL TOTAL	198	769		961,497.72		1250.32	.004		4856.05		5.23
ACCOMMODATIONS	195	769		348,094.13		452.66	.004		1785.10		1.89
ADMINISTRATIVE DAYS	15	34		7,285.40		214.28	.000		485.69		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	182	735		340,808.73		463.69	.004		1872.58		1.86
ANCILLARIES	195	0		613,403.59		.00	.000		3145.66		3.34
INPATIENT CROSSOVERS	326	0		340,691.10		.00	.000		1045.06		1.85
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	15,766	66,903		2,382,736.68		35.61	.364		151.13		12.97
MEDICAL	3,224	5,165		237,895.28		46.06	.028		73.79		1.30
SURGERY	1,278	2,019		73,072.05		36.19	.011		57.18		.40
PATHOLOGY	4,355	19,019		224,123.18		11.78	.104		51.46		1.22
RADIOLOGY	4,544	7,161		624,850.11		87.26	.039		137.51		3.40
ROOM USE	8,073	10,177		400,541.54		39.36	.055		49.61		2.18
CROSSOVERS/ALL OTH OUTPTNT	7,205	23,362		822,254.52		35.20	.127		114.12		4.48
@COUNTY HOSPITAL TOTAL	222	1,212	\$	189,293.39	\$	156.18	.007	\$	852.67	\$	1.03
CO HOSPITAL INPATIENT TOTAL	26	145		159,398.26		1099.30	.001		6130.70		.87
HSC HOSPITALS	24	134		150,401.55		1122.40	.001		6266.73		.82
NON-HSC HOSPITALS TOTAL	4	11		8,996.71		817.88	.000		2249.18		.05
ACCOMMODATIONS	4	11		3,312.90		301.17	.000		828.23		.02
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	11		3,312.90		301.17	.000		828.23		.02
ANCILLARIES	3	0		5,683.81		.00	.000		1894.60		.03
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	206	1,067		29,895.13		28.02	.006		145.12		.16
MEDICAL	69	92		3,314.61		36.03	.001		48.04		.02

SURGERY	41	62	2,076.60	33.49	.000	50.65	.01
PATHOLOGY	78	411	6,731.59	16.38	.002	86.30	.04
RADIOLOGY	37	69	3,642.63	52.79	.000	98.45	.02
ROOM USE	126	211	10,388.97	49.24	.001	82.45	.06
CROSSOVERS/ALL OTH OUTPTNT	82	222	3,740.73	16.85	.001	45.62	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,719
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
MARIN COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

183,693 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16,830	73,113	\$ 14,158,282.37	\$ 193.65	.398	\$ 841.25	\$ 77.08
COMM HOSP INPATIENT TOTAL	2,131	7,277	11,805,440.82	1622.30	.040	5539.86	64.27
HSC HOSPITALS	1,659	6,519	10,512,248.71	1612.56	.035	6336.50	57.23
NON-HSC HOSPITALS TOTAL	194	758	952,501.01	1256.60	.004	4909.80	5.19
ACCOMMODATIONS	191	758	344,781.23	454.86	.004	1805.14	1.88
ADMINISTRATIVE DAYS	15	34	7,285.40	214.28	.000	485.69	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	178	724	337,495.83	466.15	.004	1896.04	1.84
ANCILLARIES	192	0	607,719.78	.00	.000	3165.21	3.31
INPATIENT CROSSOVERS	326	0	340,691.10	.00	.000	1045.06	1.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15,598	65,836	2,352,841.55	35.74	.358	150.84	12.81
MEDICAL	3,160	5,073	234,580.67	46.24	.028	74.23	1.28
SURGERY	1,237	1,957	70,995.45	36.28	.011	57.39	.39
PATHOLOGY	4,283	18,608	217,391.59	11.68	.101	50.76	1.18
RADIOLOGY	4,510	7,092	621,207.48	87.59	.039	137.74	3.38
ROOM USE	7,963	9,966	390,152.57	39.15	.054	49.00	2.12
CROSSOVERS/ALL OTH OUTPTNT	7,131	23,140	818,513.79	35.37	.126	114.78	4.46
@STATE HOSPITAL	6	158	\$ 110,643.13	\$ 700.27	.001	\$ 18440.52	\$.60
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	6	158	110,643.13	700.27	.001	18440.52	.60
@NURSING FACILITY	4,491	136,639	\$ 16,142,404.43	\$ 118.14	.744	\$ 3594.39	\$ 87.88
LEV A-INTERMEDIATE	20	782	50,592.80	64.70	.004	2529.64	.28
LEV B-REHAB MD	136	4,668	620,302.77	132.88	.025	4561.05	3.38
LEV B-SUBACUTE FREESTANDING	3	49	30,080.61	613.89	.000	10026.87	.16
LEV B-SUBACUTE HSPTL BASED	24	718	344,335.89	479.58	.004	14347.33	1.87
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	4,314	130,422	15,097,092.36	115.76	.710	3499.56	82.19
@INTERMEDIATE CARE FACIL.-DD	649	21,399	\$ 3,343,886.34	\$ 156.26	.116	\$ 5152.37	\$ 18.20
ICF DDH	647	21,281	3,320,761.91	156.04	.116	5132.55	18.08
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	2	118	23,124.43	195.97	.001	11562.22	.13
@HEMODIALYSIS TOTAL	357	9,063	\$ 474,598.94	\$ 52.37	.049	\$ 1329.41	\$ 2.58
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	357	9,063	474,598.94	52.37	.049	1329.41	2.58
@REHABILITATION FACILITY	232	3,141	\$ 46,398.69	\$ 14.77	.017	\$ 199.99	\$.25
HOSPITAL BASED	34	116	3,894.52	33.57	.001	114.54	.02
INDEPENDENT FACILITY	198	3,025	42,504.17	14.05	.016	214.67	.23
@LABORATORY FACILITY	9,306	43,277	\$ 479,287.16	\$ 11.07	.236	\$ 51.50	\$ 2.61
PATHOLOGY	9,100	42,747	464,972.36	10.88	.233	51.10	2.53
XO AND OTHERS	245	530	14,314.80	27.01	.003	58.43	.08
@ORGANIZED OUTPATIENT CLINIC	26,594	84,440	\$ 4,349,582.71	\$ 51.51	.460	\$ 163.56	\$ 23.68
CLINIC	8,096	56,236	1,094,273.02	19.46	.306	135.16	5.96
SURGICENTER	51	63	9,011.68	143.04	.000	176.70	.05
HEROIN DETOX CLINIC	33	522	5,875.81	11.26	.003	178.05	.03

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
MARIN COUNTY

19,025 27,619 3,240,422.20 117.33 .150 170.32 17.64
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 6,720
FEE-FOR-SERVICE/DENTAL 03/14/05
SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
183,693 ELIGIBLES							
@ALL OTHER PROVIDERS	10,367	524,166	\$ 2,809,919.26	\$ 5.36	2.853	\$ 271.04	\$ 15.30
DURABLE MED. EQUIP.	676	2,997	302,027.97	100.78	.016	446.79	1.64
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	167	356	33,034.52	92.79	.002	197.81	.18
MEDICAL TRANSPORTATION	1,279	11,256	183,312.37	16.29	.061	143.32	1.00
AMBULANCES/AIR TRANS	1,146	10,226	159,000.08	15.55	.056	138.74	.87
OTHER TRANS	65	749	3,100.79	4.14	.004	47.70	.02
OTHER SERVICES	96	281	21,211.50	75.49	.002	220.95	.12
ACUPUNCTURE	209	706	12,171.54	17.24	.004	58.24	.07
ADULT DAY HEALTH CARE CTR	533	7,922	542,714.44	68.51	.043	1018.23	2.95
GENETIC DISEASE TESTING	493	495	51,759.00	104.56	.003	104.99	.28
IHMC,MODEL-NF,NF,AIDS,MSSP	975	8,973	423,800.10	47.23	.049	434.67	2.31
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,352	4,667	59,216.00	12.69	.025	43.80	.32
PHYSICAL THERAPIST	7	37	502.73	13.59	.000	71.82	.00
PORTABLE X-RAY	110	190	2,270.24	11.95	.001	20.64	.01
PROSTHETIST/ORTHOTISTS	146	511	75,401.90	147.56	.003	516.45	.41
PROSTHETICS	144	509	75,205.74	147.75	.003	522.26	.41
ORTHOTICS	2	2	196.16	98.08	.000	98.08	.00
PSYCHOLOGIST	25	69	2,557.28	37.06	.000	102.29	.01
SPEECH AND AUDIOLOGY	874	3,752	156,795.96	41.79	.020	179.40	.85
HOSPICE SERVICES	142	4,022	449,635.12	111.79	.022	3166.44	2.45
NONINST BIRTHING CENTERS	4	6	1,416.08	236.01	.000	354.02	.01
LOCAL EDUCATION AGENCIES	1,895	32,209	355,159.81	11.03	.175	187.42	1.93
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,177	445,998	158,144.20	.35	2.428	72.64	.86
@CALIF. CHILDREN SERVICES*	954	17,399	\$ 4,473,053.30	\$ 257.09	.095	\$ 4688.74	\$ 24.35
@XOVER EXCLUDING STATE HOSP**	8,920	81,375	\$ 1,454,361.73	\$ 17.87	.443	\$ 163.05	\$ 7.92

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.